

## TBM PRACTITIONER CERTIFICATION

Total Body Modification offers many different seminars and at the time of the seminar, the participant received a document that verifies their attendance. They are also listed on our TBM Provider listing on the website. Many practitioners like to gain a greater understanding of the material; instead of simply taking the course and implementing some of the material in their practice, they choose to study the material intensively and implement it more fully in their practice. To recognize these latter individuals, we have created the TBM Practitioner Certification program.

Total Body Modification offers two levels of practitioner certification. There is a Practitioner Certification for each individual module and there is the Master Healer Certification. For each module's practitioner certification there are requirements including attendance at that seminar twice, as well as demonstrations of proficiency with the material taught in that module by way of some combination of videos, records of completion of techniques on patients, short essays, case reviews, and testing on specific material. The Master Healer Certification is available to those who have achieved all the Provider Certifications and additionally have attended and presented twice at the annual TBM *Alive!* Conference.

As these Practitioner Certifications are intended to demonstrate a high level of competency, TBM chooses to recognize these individuals in the following manner. Those who achieve certification for an individual module will be emailed a certificate they may print and frame for their office. Also, the associated "certificate badge" is placed on the practitioner's listing on the TBM website. For the Master Healer Certification, a designation will be placed on their practitioner listing and a Master Healer certificate will be presented to the recipient at an *Alive!* conference following the completion of the requirements.

### PRACTITIONER CERTIFICATION PROCEDURE

Currently, practitioner certification is offered for the following:

- Basic Physiological Exam & Autonomic Recovery Program (Module 1)
- Additional Basic Exams (Module 2)
- Pathologies (Module 3)
- Backward Thinking and Protection (Module 4)
- Core Antidote (Module 5), Art of Adjusting\*\* (Module A)
- Artificial Somnambulism (Module M)

When additional modules are added to the curriculum, additional certifications will be created. To achieve certification in a module, attend the desired module twice. Download the Certification document for that module and begin completing the requirements. Upon completion of the requirements, the applicant may go to the TBM website and purchase the "Practitioner Certification" for the module in which they are seeking certification. Then submit the form and appropriate supporting documentation to [certification@tbmseminars.com](mailto:certification@tbmseminars.com). If the module requires a video, upload the video to the web (ex. YouTube, Vimeo, etc.) and provide a link for that video in your email. DO NOT attempt to email your video to the address listed above.

Once TBM has reviewed your submission an email notification will be sent with passing or failing status. If the applicant fails to achieve certification, the reviewer will provide comments to assist resubmission. To resubmit a practitioner certification, make the changes suggested by the review, purchase a "Practitioner Certification Resubmission" on the website and resend the appropriate documents to [certification@tbmseminars.com](mailto:certification@tbmseminars.com). Upon passing the practitioner certification, you will receive a certificate that you may print and frame and your Provider listing will be updated to include the appropriate certificate badge.

**\*\*Practitioner Certification for Art of Adjusting (Module A) is only eligible to those who are formally trained and/or have a license to adjust.**

## **MASTER HEALER CERTIFICATION PROCEDURE**

The Master Healer Certification is offered either with Art of Adjusting Certification or without Art of Adjusting Certification. To achieve the Master Healer Certification, an applicant must complete all individual Certifications (with Art of Adjusting optional). Additionally, the applicant must attend two TBM *Alive!* Conferences and give at least one presentation at both conferences. Once the requirements have been completed, purchase the “Master Healer Certification” on the website (even though there is no charge for this one, it is important for our records that the purchase be completed). Then email the Master Healer Certification Form to [certification@tbmseminars.com](mailto:certification@tbmseminars.com).

Once TBM has reviewed your submission an email notification will be sent with passing or failing status. If the applicant fails to achieve certification, the reviewer will provide comments to assist resubmission. To resubmit a Master Healer Certification, make the changes suggested by the reviewer and resend the appropriate documents to [certification@tbmseminars.com](mailto:certification@tbmseminars.com). Upon passing, TBM will update your Provider listing and a Master Healer Certificate will be presented to you in a ceremony at the next *Alive!* Conference.



# TOTAL BODY MODIFICATION

# PRACTITIONER CERTIFICATION FOR BASIC PHYSIOLOGICAL EXAM AND AUTONOMIC RECOVERY PROGRAM

On [tbmseminars.com](http://tbmseminars.com), purchase the Practitioner Certification for Basic Physiological Exam and Autonomic Recovery (Module 1). Then complete & email a copy of this form as well as a link to your video to [certification@tbmseminars.com](mailto:certification@tbmseminars.com).

## Part 1

Attend two (2) live Module 1 Seminars.

Date of 1 <sup>st</sup> Live Module 1 Seminar	Date of 2 <sup>nd</sup> Live Module 1 Seminar

## Part 2

Have the Basic Physiological Exam (BPE) run on you. Do the Autonomic Recovery Program through a successful passing of the Challenge Meal. Place the date of completion in the corresponding box below.

Basic Physiological Exam	ARP thru Challenge Meal

## Part 3

Run the Basic Physiologic Exam (BPE) on 15 patients. Take 15 Patients through the Autonomic Recovery Program, through successful completion of the Challenge Meal. In the boxes fill in the dates each were completed and provide the initials of the patient in the rightmost column.

Patient #	Basic Physiological Exam	ARP thru Challenge Meal	Pt Initials
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			

## Part 4

Make a video of yourself doing the Basic Physiological Exam on a patient.

- Perform EVERY test and the relevant corrections by memory
- Only do the corrections that the patient requires
- The patient may be a return patient, it does not need to be a first time patient
- Must be completed in 30 minutes or less
- A cell phone video is sufficient, and it may be taken from a tripod as long as the setup is such that both tests and corrections are reasonably visible to the camera.
- While not required, it is highly recommended that the provider describe what they are doing as they do it (i.e. "The next point is the Gall Bladder which is on the right side in the 6<sup>th</sup> rib interspace along the mid-clavicular line"). This will increase the likelihood that certification will be awarded as there is both the visual and audio that may be evaluated.

Name (please print): \_\_\_\_\_

Signature: \_\_\_\_\_

*By signing I am certifying that the certification process has been completed by me with integrity*

## PRACTITIONER CERTIFICATION FOR ADDITIONAL BASIC EXAMS

On [tbmseminars.com](http://tbmseminars.com), purchase the Practitioner Certification for Additional Basic Exams (Module 2). Then complete & email a copy of this form as well as a link your video to [certification@tbmseminars.com](mailto:certification@tbmseminars.com).

### Part 1

Attend two (2) live Module 2 Seminars.

Date of 1 <sup>st</sup> live Module 2 Seminar	Date of 2 <sup>nd</sup> live Module 2 Seminar

### Part 2

Have the Basic Exams of Module 2 run on you. This includes the following: Basic Structural Exam, Basic Allergy Exam, Basic Emotional Exam, Basic Learning Exam, Basic Energy Exam and Basic Immunological Exam. In each box, fill in the date the exam was completed.

Structural	Allergy	Emotional	Learning	Energy	Immune

### Part 3

Run the Basic Exams of Module 2 on 15 patients. In each box, write the date the exam was completed and provide the initials of the patient in the rightmost column of the table.

Patient #	Structural	Allergy	Emotional	Learning	Energy	Immune	Pt Initials
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							

### Part 4

Make a video of yourself doing the Basic Exams of Module 2 on a patient.

- Perform EVERY test and the relevant corrections by memory
- Only do the corrections that the patient requires
- The patient may be a return patient, it does not need to be a first time patient
- Must be completed in 30 minutes or less
- A cell phone video is sufficient and it may be taken from a tripod as long as the setup is such that both tests and corrections are reasonably visible to the camera.
- While not required, it is highly recommended that the provider describe what they are doing as they do it (i.e. "The next point is the Gall Bladder which is on the right side in the 6<sup>th</sup> rib interspace along the mid-clavicular line"). This will increase the likelihood that certification will be awarded as there is both the visual and audio that may be evaluated.

Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date \_\_\_\_\_

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## PRACTITIONER CERTIFICATION FOR PATHOLOGIES

On [tbmseminars.com](http://tbmseminars.com), purchase the Practitioner Certification for Pathologies (Module 3). Then complete & email a copy of this form and your 5 case reviews to [certification@tbmseminars.com](mailto:certification@tbmseminars.com).

### Part 1

Attend two (2) live Module 3 Seminars.

Date of 1 <sup>st</sup> live Module 3 Seminar	Date of 2 <sup>nd</sup> live Module 3 Seminar

### Part 2

Perform the following techniques on a patient. List the patient's initials and date the technique was performed.

Technique	Patient Initials	Date Performed
Metal Homeostasis Session		
Body Composition Optimization		
Gall Bladder – Biliary Stones		
DOID/DDS with 90-day supplementation		
16.6 Sugar Control Technique		
Chronic Infection (body points, vials, supps)		
Medications Session		
Brain XYZ		
Flu Technique		

### Part 3

Write 5 case reviews on patients you have treated utilizing the knowledge from Module 3. Each case study must include the following information.

1. Presenting symptomatology.
2. The significant diagnostic findings – physical exams, laboratory tests, imaging studies. These findings may be conducted by the provider themselves, or from the patient's previous history.
3. Three (3) clinically significant contributions that came out of the basics (e.g. patient was hypo-hydrated, there was a significant emotional component, patient had dental amalgams that were neutralized, etc.)
4. Three (3) significant contributions from the Module 3 material.
5. Use of supporting nutritionals.
6. The symptomalogical and diagnostic outcome.

Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date \_\_\_\_\_

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# TOTAL BODY MODIFICATION

# PRACTITIONER CERTIFICATION FOR BACKWARD THINKING AND PROTECTION

On [tbmseminars.com](http://tbmseminars.com), purchase the Practitioner Certification for Backward Think and Protection (Module 4). Then complete & email a copy of this form and your 5 case reviews to [certification@tbmseminars.com](mailto:certification@tbmseminars.com).

## Part 1

Attend two (2) live Module 4 Seminars.

Date of 1 <sup>st</sup> live Module 4 Seminar	Date of 2 <sup>nd</sup> live Module 4 Seminar

## Part 2

Practice running Core Essence Protection every morning and evening, AND Stoke the Fire at midday, every day for 2 weeks consecutively.

Start Date	Finish Date

## Part 3

Have 10 patients complete 2 consecutive weeks of Core Essence Protection every morning and evening and Stoke the Fire at midday.

Patient #	Start Date	Finish Date	Patient Initials	Patient #	Start Date	Finish Date	Patient Initials
1				6			
2				7			
3				8			
4				9			
5				10			

## Part 4

Use 5 other techniques from Module 4 either yourself or with a patient. Examples include Biocomputer, Sacred Garden, salting the perimeter of a house, salt water in rooms, etc. Please see Module 4 for additional methods.

Patient #	Technique	Patient Initials
1		
2		
3		
4		
5		

## Part 5

Write 5 case reviews on patients you have treated utilizing the knowledge from Module 4. Each case study must include the following information.

1. Presenting symptomatology.
2. The significant diagnostic findings – physical exams, laboratory tests, imaging studies. These findings may be conducted by the provider themselves, or from the patient's previous history.
3. Three (3) clinically significant contributions that came out of the basics (e.g. patient was hypo-hydrated, there was a significant emotional component, patient had dental amalgams that were neutralized, etc.)
4. Detail the backward thinking process you used in this case. Your research citations are recommended but not required.
5. The methods performed on the patient out of the backward thinking process.
6. Use of supporting nutritionals.
7. The symptomological and diagnostic outcome.

Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date \_\_\_\_\_

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## PRACTITIONER CERTIFICATION FOR CORE ANTIDOTE

On [tbmseminars.com](http://tbmseminars.com), purchase the Practitioner Certification for Core Antidote (Module 5). Then complete & email a copy of this form and a link to your video to [certification@tbmseminars.com](mailto:certification@tbmseminars.com).

### Part 1

Attend two (2) live Module 5 Seminars.

Date of 1 <sup>st</sup> live Module 5 Seminar	Date of 2 <sup>nd</sup> live Module 5 Seminar

### Part 2

Have Core Inquiry and Core Belief completed on you. List your Core Falsehood and Core Truth here.

Date	Core Falsehood	Core Truth

### Part 3

Run Core Inquiry and Core Belief on 15 patients. For each, list the date, their Core Falsehood and Core Truth, and initials.

Patient #	Date	Core Falsehood	Core Truth	Pt Initials
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				

### Part 4

Complete the Comprehensive Emotional Exam on five (5) patients and list below the date, and patient initials for each.

Patient #	Date	Patient Initials	3		
1			4		
2			5		

### Part 5

Read all Core Truth Coaching Handouts posted in Free Resources on the TBM website.

### Part 6

Make a video of you performing the Core Inquiry and Core Belief process on a patient. The video submission must be 30 minutes or less, however you may edit your video if the process takes longer than 30 minutes. Be sure to retain key steps that demonstrate proficiency. Be sure the camera is placed so that both yours and your patients words may be clearly heard on the video.

Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date \_\_\_\_\_

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# PRACTITIONER CERTIFICATION FOR ARTIFICIAL SOMNAMBULISM

On [tbmseminars.com](http://tbmseminars.com), purchase the Practitioner Certification for Artificial Somnambulism (Module M). Then complete & email a copy of this form and your answers to Part 4 to [certification@tbmseminars.com](mailto:certification@tbmseminars.com).

## Part 1

Attend two (2) live Module M Seminars.

Date of 1 <sup>st</sup> live Module M Seminar	Date of 2 <sup>nd</sup> live Module M Seminar

## Part 2

Perform artificial somnambulism on ten (10) patients. List the date, and patient initials below.

Patient #	Date	Pt Initials	Patient #	Date	Pt Initials
1			6		
2			7		
3			8		
4			9		
5			10		

## Part 3

Perform 5 other techniques from Module M and list the date, technique and patient initials below.

Patient #	Date	Technique	Patient Initials
1			
2			
3			
4			
5			

## Part 4

Read Chapter 5 from *Human Personality and its Survival of Bodily Death* by F.W.H Myers, the unabridged version. You may either find a copy of the original (be sure it isn't the abridged version) or used the version posted in Free Resources on the TBM website (slightly edited by Dr. Kevin Millet and guaranteed to have all the information required to complete this assignment).

**Fill in the Blanks on the following 15 questions:**

1. To Mesmer, then, we owe the first conception of the therapeutic power of a sudden and profound \_\_\_\_\_ change. To Mesmer, still more markedly, we owe the doctrine of a \_\_\_\_\_ influence or effluence passing from man to man, a doctrine which, though it must assume a less exclusive importance than he assigned to it, cannot, in my view, be altogether ignored or denied.
2. As Mr. Myers has pointed out, the operator directs the \_\_\_\_\_ upon which hypnotic phenomena depend, but does not create it. " Professor Bernheim's command, ' Feel pain no more,' is no more a scientific instruction HOW not to feel pain, than the prophet's ' Wash in Jordan and be clean' was a pharmacopœal prescription for leprosy." In hypnosis the \_\_\_\_\_ is not the means used to excite the phenomena, but the peculiar state which enables them to be evoked.
3. Hypnotic success or failure cannot depend, as some have fancied, on some \_\_\_\_\_ difference in the kind of suggestion given. It is part and parcel of a wider mystery; of the obscure relationships and \_\_\_\_\_ of the \_\_\_\_\_ and the \_\_\_\_\_ self.
4. As a general rule (though with numerous exceptions), the events of ordinary life are remembered in the trance, while the trance events are forgotten on waking, but tend to recur to the memory on \_\_\_\_\_.
5. And here we are reaching a central point; we are affecting the *macula lutea* (as it has been well called) of the mental field. Many of the most important of hypnotic results will be best described as modifications of \_\_\_\_\_.



6. In making suggestions, moreover, the hypnotiser finds that he has to consider and meet the patient's own \_\_\_\_\_ feelings, describing the intended relief as the patient wishes it to be described, and not attempting technical language which the patient could not follow. In a word, it is plain that in this class, as in other classes of suggestion, we are addressing ourselves to a \_\_\_\_\_, an \_\_\_\_\_, which can of itself select and combine, and not merely to a \_\_\_\_\_ or a \_\_\_\_\_ responsive in a merely automatic way.
7. I start from the thesis that the \_\_\_\_\_ within us precedes and is independent of the \_\_\_\_\_, which it has developed for earthly use.
8. Myers suggests that the role of the hypnotizer will ever increase as the subject's role decreases ... True or False.
9. However remote from the so-called "flesh," all \_\_\_\_\_ faults alike may probably have some counterpart in the organism; and, if so, all should be modifiable by the same \_\_\_\_\_ attack.
10. ... hypnotism should be regarded as simply a \_\_\_\_\_ of artifices by which a man's own \_\_\_\_\_ power,—the will which he exerts over his own organism,—should become continually more potent for both his moral and his physical good.
11. The subliminal self, exercising in sleep a profounder \_\_\_\_\_ over the organism than the supraliminal can exert, may also be presumed to possess a profounder \_\_\_\_\_ of the organism,—of its present, and therefore of its future,—than the supraliminal self enjoys ...
12. To assume that all which they feel is a mere result of suggestion may be a premature attempt at simplifying modes of \_\_\_\_\_ which, in fact, are probably not simpler but more complex than any idea which we have as yet formed of them.
13. The schemes of self-suggestion which have actually been found effective have covered, not unnaturally, a range as wide as all the superstition and all the religion of men. That is to say, that each form of \_\_\_\_\_ in turn has been utilised as a means of securing that urgently-needed temporal blessing--relief from physical pain.
14. For what we have in effect been doing with the aid of these hypnotic artifices is simply to \_\_\_\_\_.
15. "There will be effective therapeutical or ethical self-suggestion whenever by any artifice subliminal attention to a bodily function or to a moral purpose is carried to some unknown pitch of intensity which draws energy from the \_\_\_\_\_ world."

**Choose 5 of the following questions and answer each in 500 words or less (larger submissions may be returned unread for revision).**

1. Section 514. Describe in your own words what is meant by hypnogenous zones and relate that to TBM Body Points.
2. Section 518. "It seems probable that ... all phenomena capable of being produced by the suggestion of the hypnotizer can also be produced by the self-suggestion in a self-suggestive subject." Compare practitioner muscle testing results to "Listening to the Body" in terms of suggestion and self-suggestion.
3. Section 524 describes some of the characteristics of the somnambulistic state (or hypnotic trance). Using your experiences of either being in a somnambulistic state, or taking another there, relate your experience to the description (be sure to identify the information if using the experience of another).
4. Section 549 describes a "tug of war" between the telesthetic and hyperaesthetic perceptions. Provide a real-world example of this conflict.
5. What, according to Myers are the 3 main types of dynamogenic effects of suggestion discussed in sections 537-550? Discuss briefly each of the effects.
6. Use Myers' descriptions of post-hypnotic suggestions (in part described in Section 551) to propose a hypothesis on how the TBM Biocomputer visualization effects a change.

**Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_

*By signing I am certifying that the certification process has been completed by me with integrity.*

## PRACTITIONER CERTIFICATION FOR ART OF ADJUSTING

On [tbmseminars.com](http://tbmseminars.com), purchase the Practitioner Certification for Art of Adjusting (Module A). Then complete & email a copy of this form as well as a link to your video to [certification@tbmseminars.com](mailto:certification@tbmseminars.com).

### Part 1

Attend two (2) live Module A Seminars.

Date of 1 <sup>st</sup> live Module A Seminar	Date of 2 <sup>nd</sup> live Module A Seminar

### Part 2

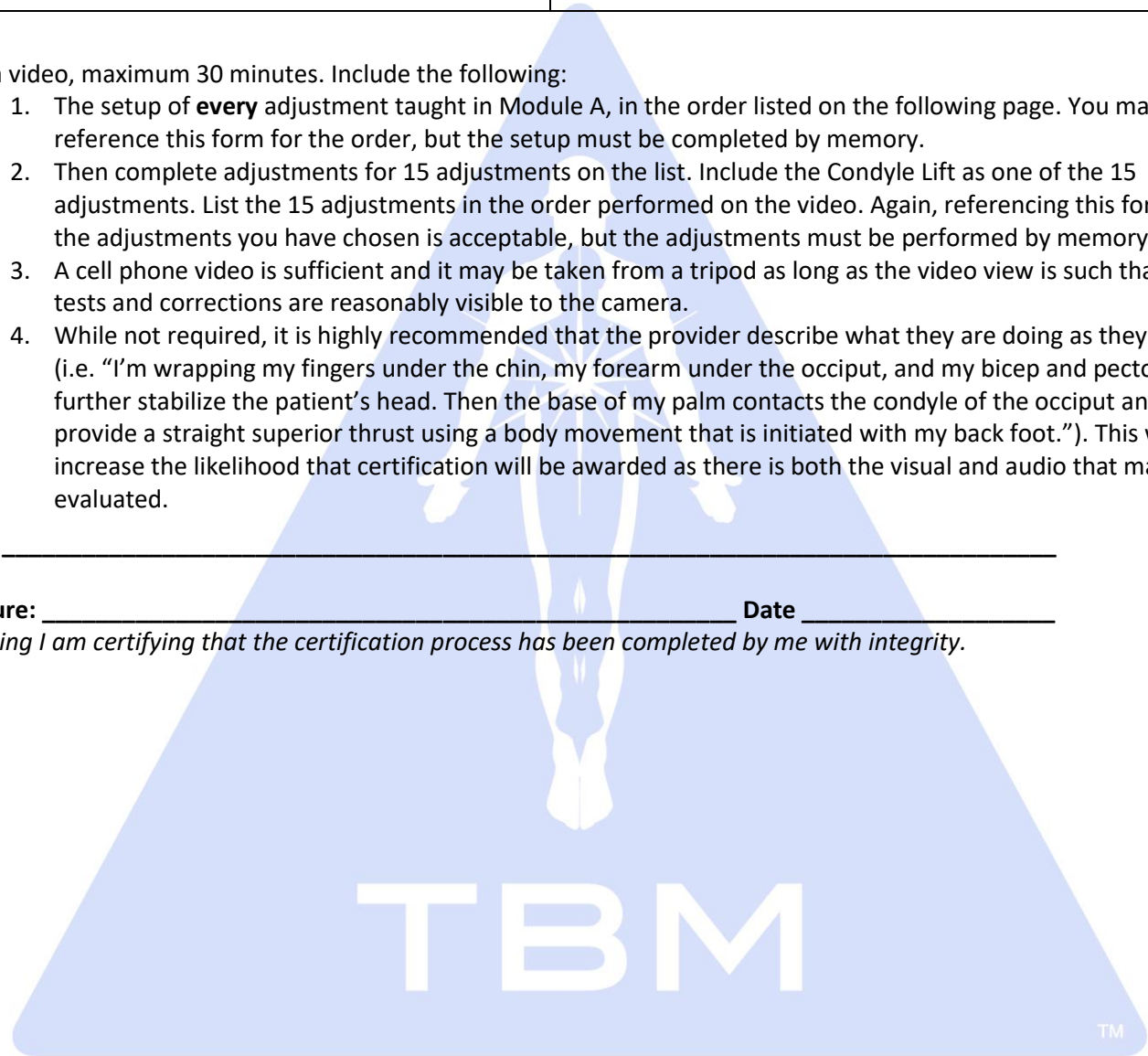
Make a video, maximum 30 minutes. Include the following:

1. The setup of **every** adjustment taught in Module A, in the order listed on the following page. You may reference this form for the order, but the setup must be completed by memory.
2. Then complete adjustments for 15 adjustments on the list. Include the Condyle Lift as one of the 15 adjustments. List the 15 adjustments in the order performed on the video. Again, referencing this form for the adjustments you have chosen is acceptable, but the adjustments must be performed by memory.
3. A cell phone video is sufficient and it may be taken from a tripod as long as the video view is such that both tests and corrections are reasonably visible to the camera.
4. While not required, it is highly recommended that the provider describe what they are doing as they do it (i.e. "I'm wrapping my fingers under the chin, my forearm under the occiput, and my bicep and pectoralis further stabilize the patient's head. Then the base of my palm contacts the condyle of the occiput and I provide a straight superior thrust using a body movement that is initiated with my back foot."). This will increase the likelihood that certification will be awarded as there is both the visual and audio that may be evaluated.

Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date \_\_\_\_\_

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# TOTAL BODY MODIFICATION

Adjustment Setup Order	Complete Adjustments Performed
Category IV-XV	1. Condyle Lift
Basic Plane	2.
Condyle Life	3.
Level One	4.
Basic Bio-Energetic Synchronization	5.
Buccinator Technique	6.
Jaw Lateralization	7.
Posterior Occiput	8.
Anterior Atlas	9.
Intervertebral Disc Lesion	10.
Shoulder Torque	11.
Bicipital Tendon Subluxation	12.
Rib Torque	13.
Anterior Thoracics	14.
Diaphragmatic Reset	15.
Sacral Spin	
Side Posture Ilium	
Anterior Femur Head	
Cardiac Low Back	
Superior Patella	
Lateral Tibia Head	
Posterior Fibula	
Dancer's Foot	
Inhalation Allergy	
Cervical Pattern	
Pelvic Pattern	
Posterior Fibula Pattern	
Superman Shoulders	
Sacral Base Posterior	
Chronic Nagging Low Back Pain	
Sciatica	
Lumbar from the Rear	
Facetal Syndrome	
Spinal Torque	
Superior Ribs	
Subclinical Shoulder Separation	
Inferior Occiput	
Thoracic Lift	
Inferior Humoral Head	

# TOTAL BODY MODIFICATION

## MASTER HEALER CERTIFICATION

On [tbmseminars.com](http://tbmseminars.com), purchase the Master Healer Certification. Then complete & email a copy of this form to [certification@tbmseminars.com](mailto:certification@tbmseminars.com).

### Part 1

Complete each of the individual Practitioner Certifications.

Practitioner Certification:	Date Completed:
Basic Physiological Exam & Autonomic Recovery	
Additional Basic Exams	
Pathologies	
Backthink and Protection	
Core Antidote	
Artificial Somnambulism	

☐ Please include the Art of Adjusting Certification in my Master Healer Certification.

Art of Adjusting	Date Completed:
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### Part 2

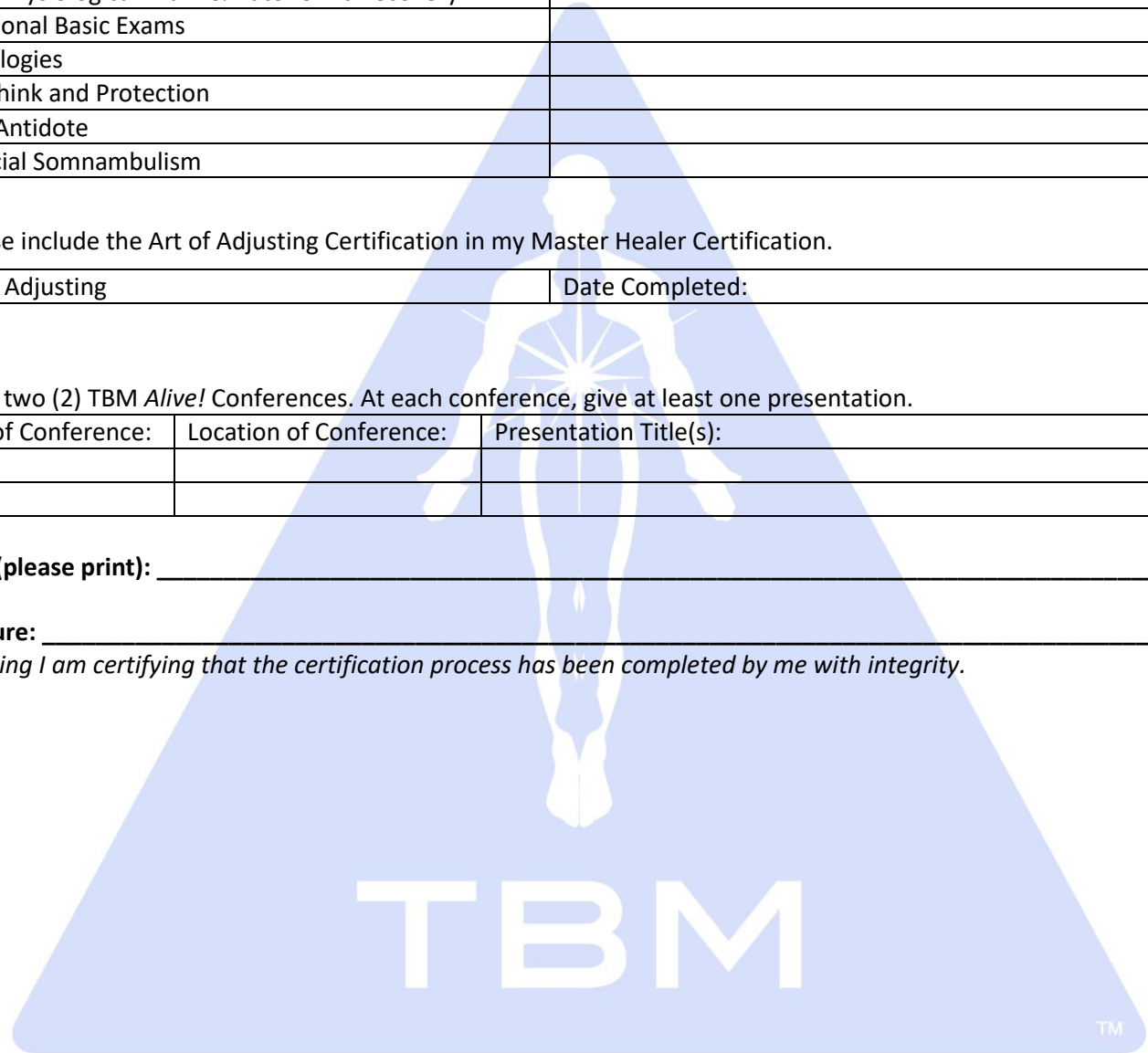
Attend two (2) TBM *Alive!* Conferences. At each conference, give at least one presentation.

Year of Conference:	Location of Conference:	Presentation Title(s):

Name (please print): \_\_\_\_\_

Signature: \_\_\_\_\_

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# TOTAL BODY MODIFICATION

### **EXAMPLE OF A CASE REVIEW FOR PATHOLOGIES PRACTITIONER CERTIFICATION**

52-year-old male presents with a dental abscess at tooth 1. Patient experiences pain and temperature sensitivity in that tooth locally as well pain radiating into the sinuses and bones of the face on the right side. Patient also experiences a misalignment of the bite due to swelling and resulting TMJ subluxation.

X-rays from the dentist show infection infiltrating the area around the root of the tooth. A drain is visible in the gums above tooth 1 and the patient reports that it expresses pus with pressure. Examination of the TMJ indicates a lateralization to the left. Other structural indications include an Inferior Occiput on the right and a Temporal Bulge on the left. No blood work was obtained.

When immune barriers were examined and considered, it was discovered that the patient had a positive Cellular Immunity test, was deficient in Iodine, and had recently been going through a stressful period of life for which he had inadequate emotional resilience. All three of these Basics were addressed during care.

The integrity of the tooth was assessed using the question, "Is the integrity of this tooth at 100%?" If no, the percentage was obtained. Over several visits the following corrections were completed until the integrity of the tooth tested at 100%.

- 2-pointing the tooth to the Bacteria points
- Running Dead on the tooth
- Harmonizing to the Neuralgia-inducing Cavitational Osteonecrosis (NICO) in water and Neuralgia-inducing Cavitational Osteonecrosis (NICO) in formaldehyde.
- Need & Use for Immuguard (Professional Botanicals)
- Need & Use for Attack (Professional Botanicals), dosage began at 12/day and was decreased as symptoms decreased and Need & Use testing indicated.

The patient saw minor reductions in the swelling, pain, and expression of pus over the first month of care. After 1 month, a significant reduction was experienced, and then steady improvement was seen for the following six months. After 8 months of care, a repeat x-ray was performed by the patient's dentist and no evidence of an abscess was visible.

### **EXAMPLE OF A CASE REVIEW FOR BACKWARD THINKING PRACTITIONER CERTIFICATION**

51-year-old male presents with severe ivy rash on the left forearm, left upper arm, left torso over the lower ribs, and a macular rash spreading to the back and legs. The patient reports that the lesions are itchy. The patient experienced an exposure to poison ivy 1-month previously. Patient history includes severe reactions to Poison Ivy in his teens and then after harmonization to Poison Ivy no reactions for decades despite numerous exposures. Although the patient has received TBM care including harmonization to the Poison Ivy vial in the past month, the condition has continued to worsen.

Examination of the rash reveals a 4cm by 6cm erosive lesion on the left forearm. A putrid smell emanates from the lesion. An area approximately 2cm around the lesion is reddened. The other lesions are maculopapular, erythematous, and in places show excoriations. Small 1cm macular lesions are appearing diffusely over the patient's body.

The backward thinking process included a significant web search on the mechanism of a poison ivy reaction. The component of the poison ivy plant that causes the reaction is an oil called urushiol. When urushiol comes in contact with human skin it causes a t-cell mediated, delayed hypersensitivity reaction.

The urushiol binds to proteins on the surface of skin cells and interferes with the t-cell ability to identify the cells as self, leading to t-cell destruction of the skin tissue.

Based on the severe reaction as well as the failure of the harmonization process to halt the hypersensitivity reaction, backward thinking leads to a hypothesis of t-cell (cellular immunity) dysfunction.

The patient experienced a significant health stressor 1 year prior to the poison ivy exposure and it is suspected that stress lead to the Cellular Immunity dysfunction which in turn disrupted the correction to poison ivy that had been performed decades before.

In the period shortly before the poison ivy exposure, the patient had become lax with his diet, consuming excess sugar, caffeine and alcohol. These factors were addressed as part of care. All elements of the Basic Immunological Exam and Auto-Immune Switch were tested (see the following paragraph for positive findings).

After the Backward Thinking process, resolution was achieved in a single visit. Auto-Immune Switch and Cellular Immunity were corrected. Immediately upon completion of these corrections the lesion on the left forearm changed in appearance. Rather than looking angry and red, it looked pink and gave the appearance of being in a healing state. No nutritional supplementation was given for this symptom at this time. Within 2 days, new skin covered that area and all other lesions on the body were either significantly or completely healed.

#### References:

- *Poison Ivy: An Exaggerated Immune Response to Nothing Much*,  
<https://www.bio.umass.edu/micro/immunology/poisoniv.htm>.



### **EXAMPLE OF A CASE REVIEW FOR PATHOLOGIES PRACTITIONER CERTIFICATION**

52-year-old male presents with a dental abscess at tooth 1. Patient experiences pain and temperature sensitivity in that tooth locally as well pain radiating into the sinuses and bones of the face on the right side. Patient also experiences a misalignment of the bite due to swelling and resulting TMJ subluxation.

X-rays from the dentist show infection infiltrating the area around the root of the tooth. A drain is visible in the gums above tooth 1 and the patient reports that it expresses pus with pressure. Examination of the TMJ indicates a lateralization to the left. Other structural indications include an Inferior Occiput on the right and a Temporal Bulge on the left. No blood work was obtained.

When immune barriers were examined and considered, it was discovered that the patient had a positive Cellular Immunity test, was deficient in Iodine, and had recently been going through a stressful period of life for which he had inadequate emotional resilience. All three of these Basics were addressed during care.

The integrity of the tooth was assessed using the question, "Is the integrity of this tooth at 100%?" If no, the percentage was obtained. Over several visits the following corrections were completed until the integrity of the tooth tested at 100%.

- 2-pointing the tooth to the Bacteria points
- Running Dead on the tooth
- Harmonizing to the Neuralgia-inducing Cavitation Osteonecrosis (NICO) in water and Neuralgia-inducing Cavitation Osteonecrosis (NICO) in formaldehyde.
- Need & Use for Immuguard (Professional Botanicals)
- Need & Use for Attack (Professional Botanicals), dosage began at 12/day and was decreased as symptoms decreased and Need & Use testing indicated.

The patient saw minor reductions in the swelling, pain, and expression of pus over the first month of care. After 1 month, a significant reduction was experienced, and then steady improvement was seen for the following six months. After 8 months of care, a repeat x-ray was performed by the patient's dentist and no evidence of an abscess was visible.

### **EXAMPLE OF A CASE REVIEW FOR BACKWARD THINKING PRACTITIONER CERTIFICATION**

51-year-old male presents with severe ivy rash on the left forearm, left upper arm, left torso over the lower ribs, and a macular rash spreading to the back and legs. The patient reports that the lesions are itchy. The patient experienced an exposure to poison ivy 1-month previously. Patient history includes severe reactions to Poison Ivy in his teens and then after harmonization to Poison Ivy no reactions for decades despite numerous exposures. Although the patient has received TBM care including harmonization to the Poison Ivy vial in the past month, the condition has continued to worsen.

Examination of the rash reveals a 4cm by 6cm erosive lesion on the left forearm. A putrid smell emanates from the lesion. An area approximately 2cm around the lesion is reddened. The other lesions are maculopapular, erythematous, and in places show excoriations. Small 1cm macular lesions are appearing diffusely over the patient's body.

The backward thinking process included a significant web search on the mechanism of a poison ivy reaction. The component of the poison ivy plant that causes the reaction is an oil called urushiol. When urushiol comes in contact with human skin it causes a t-cell mediated, delayed hypersensitivity reaction.

The urushiol binds to proteins on the surface of skin cells and interferes with the t-cell ability to identify the cells as self, leading to t-cell destruction of the skin tissue.

Based on the severe reaction as well as the failure of the harmonization process to halt the hypersensitivity reaction, backward thinking leads to a hypothesis of t-cell (cellular immunity) dysfunction.

The patient experienced a significant health stressor 1 year prior to the poison ivy exposure and it is suspected that stress lead to the Cellular Immunity dysfunction which in turn disrupted the correction to poison ivy that had been performed decades before.

In the period shortly before the poison ivy exposure, the patient had become lax with his diet, consuming excess sugar, caffeine and alcohol. These factors were addressed as part of care. All elements of the Basic Immunological Exam and Auto-Immune Switch were tested (see the following paragraph for positive findings).

After the Backward Thinking process, resolution was achieved in a single visit. Auto-Immune Switch and Cellular Immunity were corrected. Immediately upon completion of these corrections the lesion on the left forearm changed in appearance. Rather than looking angry and red, it looked pink and gave the appearance of being in a healing state. No nutritional supplementation was given for this symptom at this time. Within 2 days, new skin covered that area and all other lesions on the body were either significantly or completely healed.

#### References:

- *Poison Ivy: An Exaggerated Immune Response to Nothing Much*,  
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