



NEHC *Academy*

Workbook

Abdomen Protocols

Weighted Tuning Fork Workshop Series



Name: _____

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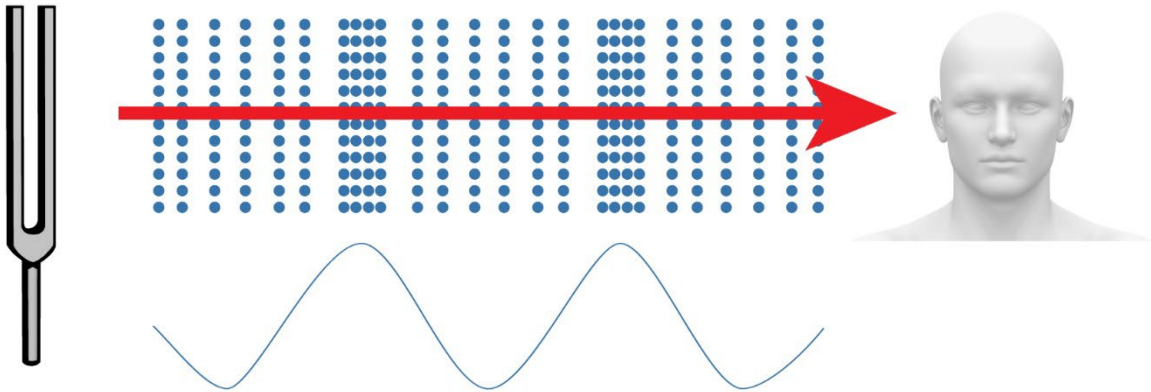
What is Instrument Assisted Vibration Therapy?

- **A weighted 128hz tuning fork is placed on a specific location on the body determined by palpation (feeling with fingers)**
- **Additional placements are determined by continuous feedback from “sensing hand”**
- **Based on physiological principles where fluid is trapped in pressurized pockets in tissue throughout the body to generate pain and create mobility or tissue dysfunction**
- **Weighted tuning forks generate high frequency (ultrasonic range) mechanical vibration to allow pressurized fluids to pass through a holding membrane**
- **The 128hz tuning fork is designed to operate in multiple frequency ranges including ultrasonic above 20,000 hertz**
- **Ultrasonic mechanical vibration creates cavitation bubbles along membranes to make them more porous and allows fluids and larger particles to pass through the membranes**
- **This is a full-body, standalone therapeutic method developed by NEHC with specialty areas specific to unique techniques in different areas of the body**

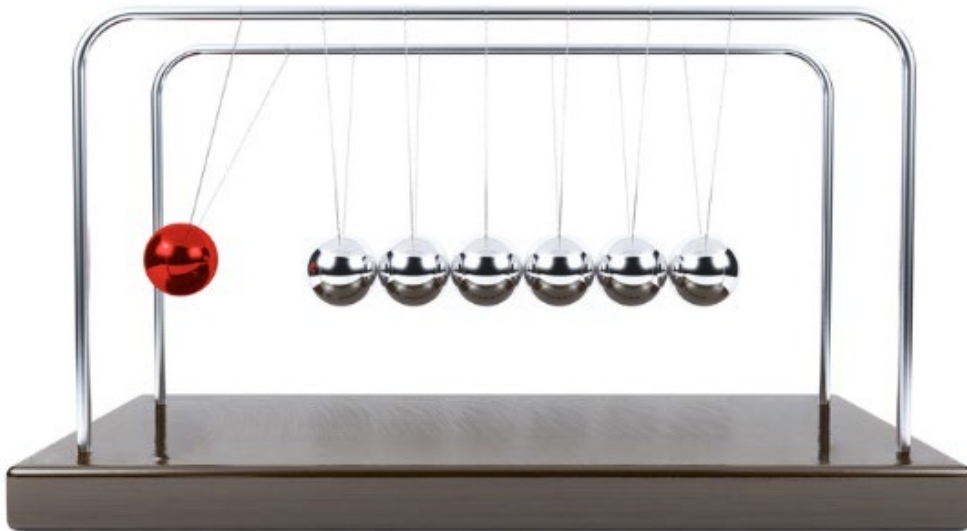
What is NOT Instrument Assisted Vibration Therapy?

- **This method does not focus on electro-magnetic energy-based healing (biofield, meridians, chakras, polarity)**
- **We do not focus on resolving stuck emotions as a primary method of pain and mobility resolution**
- **We do not use any form of placement location identification like muscle testing, energy methods, or intuition**

Define: Mechanical Vibration

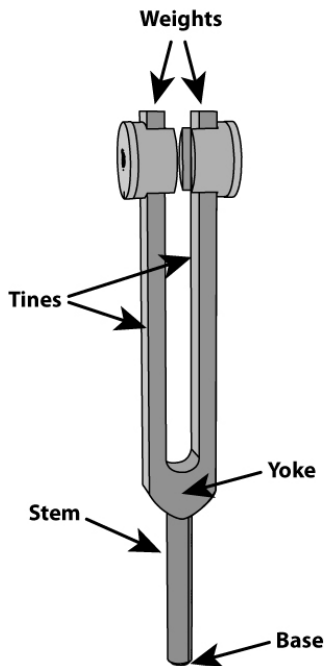


- Molecules are compressed and move in a wave away from the vibration producer
- Follows Newton's Laws of Motion
- Does not follow same laws as electro-magnetic energy
- Molecules continue to collide with each other until movement energy is lost from friction and other interference
- Mechanical energy does not get stored in tissue





Define: Weighted tuning forks



- **Weights create an unbalanced weight distribution across the entire length of the fork**
 - **Yoke definition: something that connects two things or people, usually in a way that unfairly limits freedom (Cambridge Dictionary)**
 - **The fork bends and flexes in many ways in addition to the listed frequency movement of the tines**
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- **Grasping or attaching items to the end of the tuning fork will decrease or dampen the overall strength and length of vibration**
 - **Always use a tuning fork with no attachments (barefoot) when working in deep tissue**
 - **The 128hz tuning fork is the recommended fork for our method because of the length of tines and weight distribution**
 - **Tuning forks with higher and lower frequencies create mechanical vibrations at a much lower levels**

Core Skill: Grip

Define Striking Grip:

- **Focus on holding tuning fork for striking against a surface such as the hand or knee**
- **Grips for striking are prevent or reduce repetitive injury**
- **Provides effective grasping area on the yoke of tuning fork**

- **Stem Grip does not provide enough grip area**



Standard Grip:

- For normal striking
- Efficient transition to placement grip with proper pressure and angle



Reverse Grip:

- For self-care
- Under chin, lymph nodes, sore throat



Finger Assist Grip:

- Thumb or finger above yoke
- Turn thumb sideways to fit into the “U” above the yoke
- Allows for use of sensing hand
- Reduces grip fatigue
- With standard stem length, side of hand can rest against the skin for more stability
- Fingers can wrap around the stem like holding a pencil



Butterfly Grip:

- Max pressure with less grip
- Reduces repetitive stress
- Can increase pain & pressure
- Reduces feedback from opposite hand
- “Don’t rely on the Butterfly!”

Core Skill: Strike

- Quality of strike will affect length and strength of vibration each placement
- Tested several striking surface to determine optimal strike movement
- Activators and hard striking surfaces produce less vibration strength than using a body part
- Properly striking on a body part should not be painful, leave marks or bruises
- Follow through with strike so it bounces off the striking surface
- Focus on imaginary spot in front of the hand

Hand Strike:



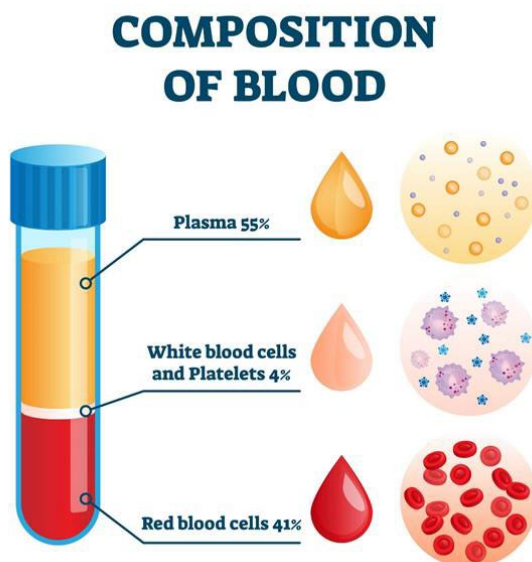
- Strike on the meaty part at the base of the palm
- Only the striking hand moves
- Strike the flat surface of the weight
- Aim for a spot beyond the striking surface
- Distinct “thump” sound

Knee Strike:



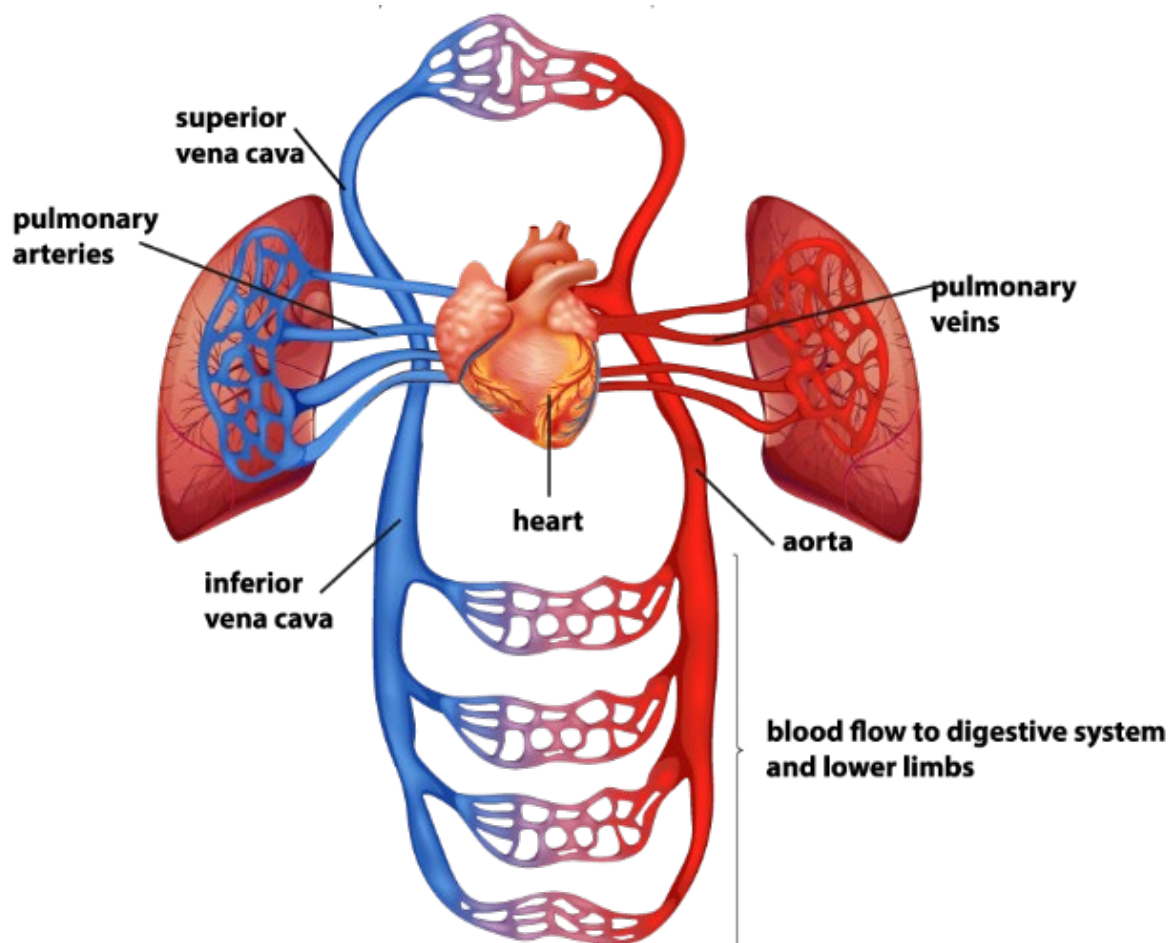
- Efficient in a sitting position
- Used when sensing hand marks a placement location
- Strike against meaty area closer to the inside of the leg where muscle is thicker
- Bend knee to tighten muscle on striking surface
- Avoid kneecap or bones

What are the Fluids?

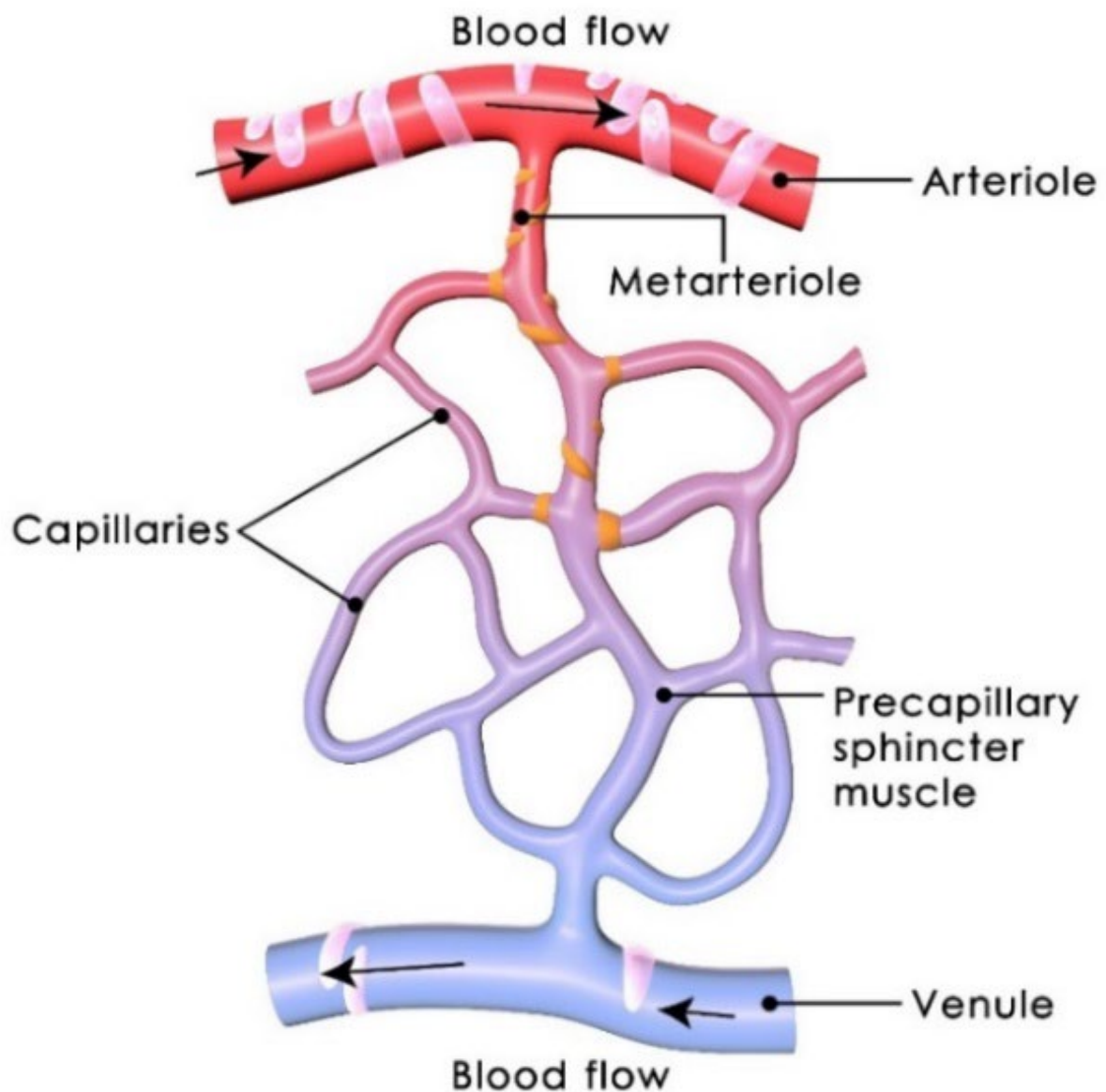


- Blood composition is 55% plasma, 4% white blood cells and platelets, and 41% red blood cells
 - Plasma contains various substances used for nutrients, chemical communication, oxygen transport, and other physiological processes
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- Plasma moves through capillary walls to become interstitial fluid in the extracellular matrix outside of our cardiovascular vessels
 - Extracellular matrix is the "interstitial space"

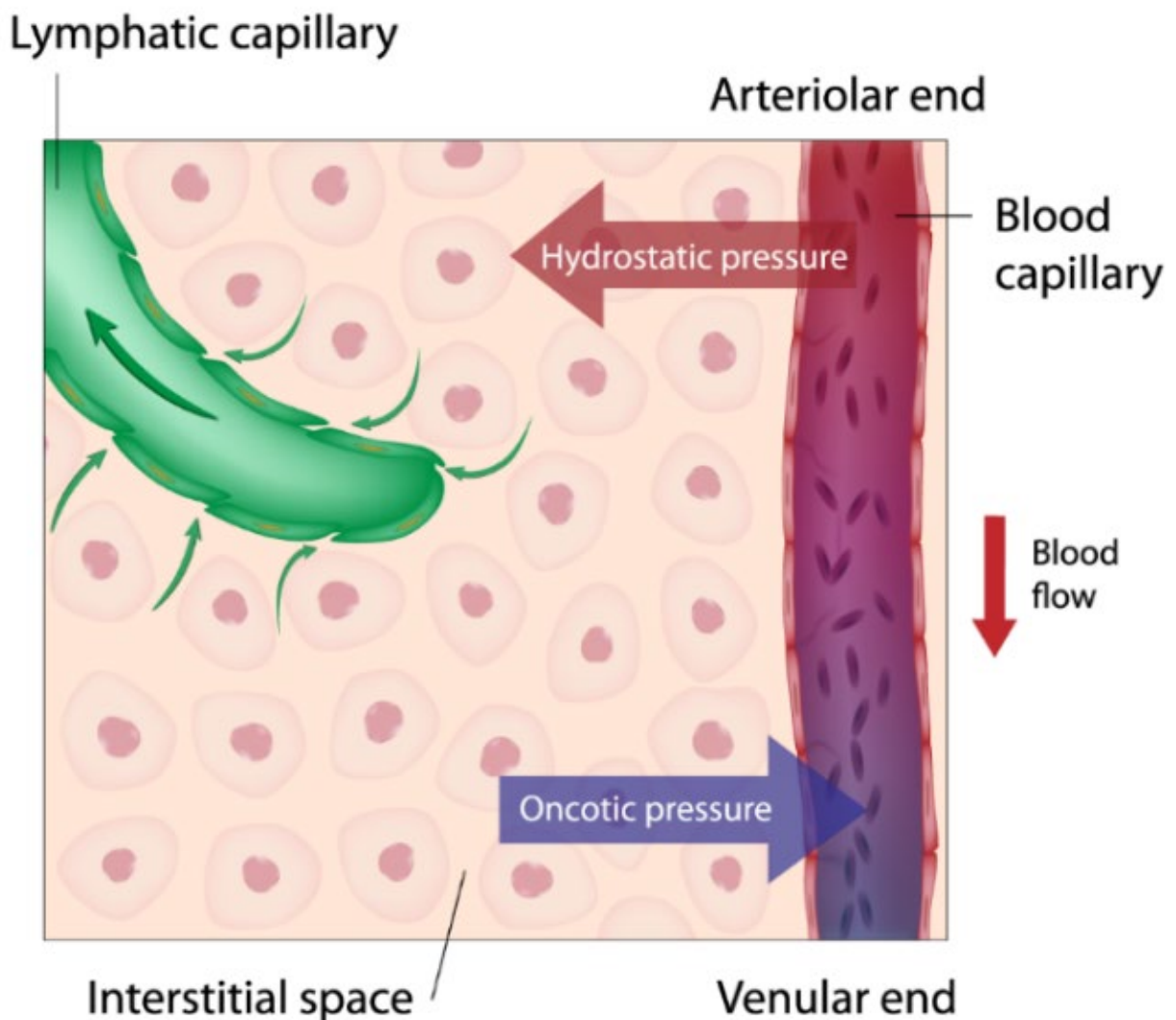
- Where fluids interact with cell surfaces to feed, oxygenate, and provide necessary resources for proper operation
- Interstitial fluid is present in all tissue
- Contains water, oxygen, ions, good chemical (hormones), and immune materials
- Immune system breaks down large molecules and foreign (toxic) substances for processing in lymphatic system
- Toxic and foreign substances can stay quarantined in tissue forever

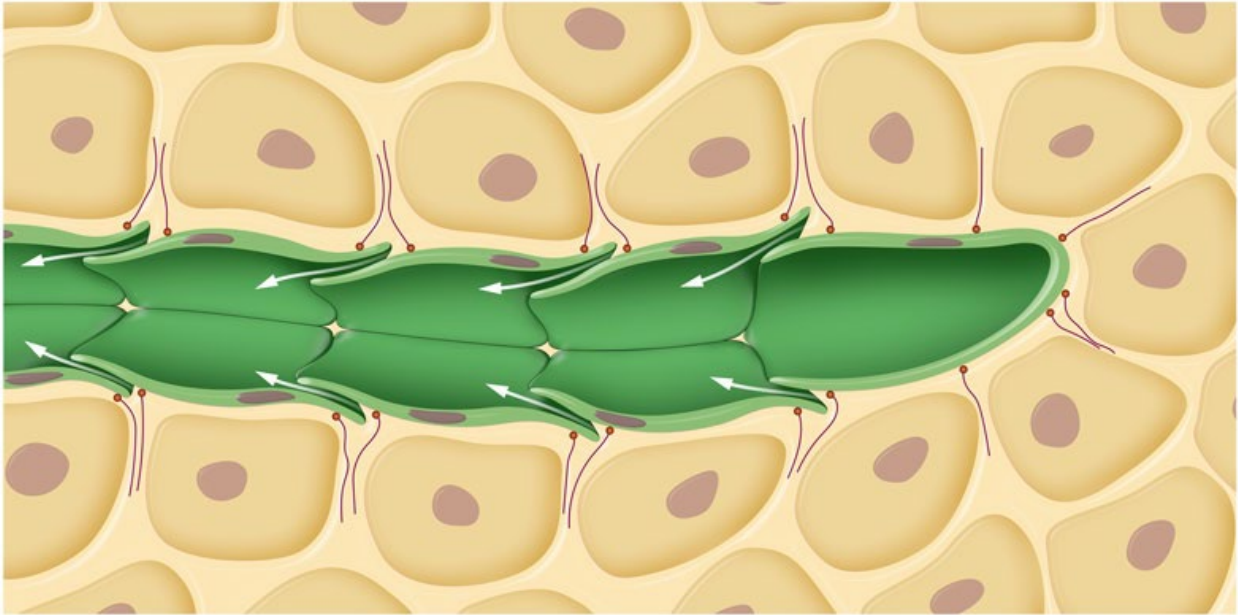


- Interstitial fluid come directly from the cardiovascular system
- Heart pumps blood through the arteries for distribution throughout the body
- Arteries branch into different areas of our head, abdomen, and extremities

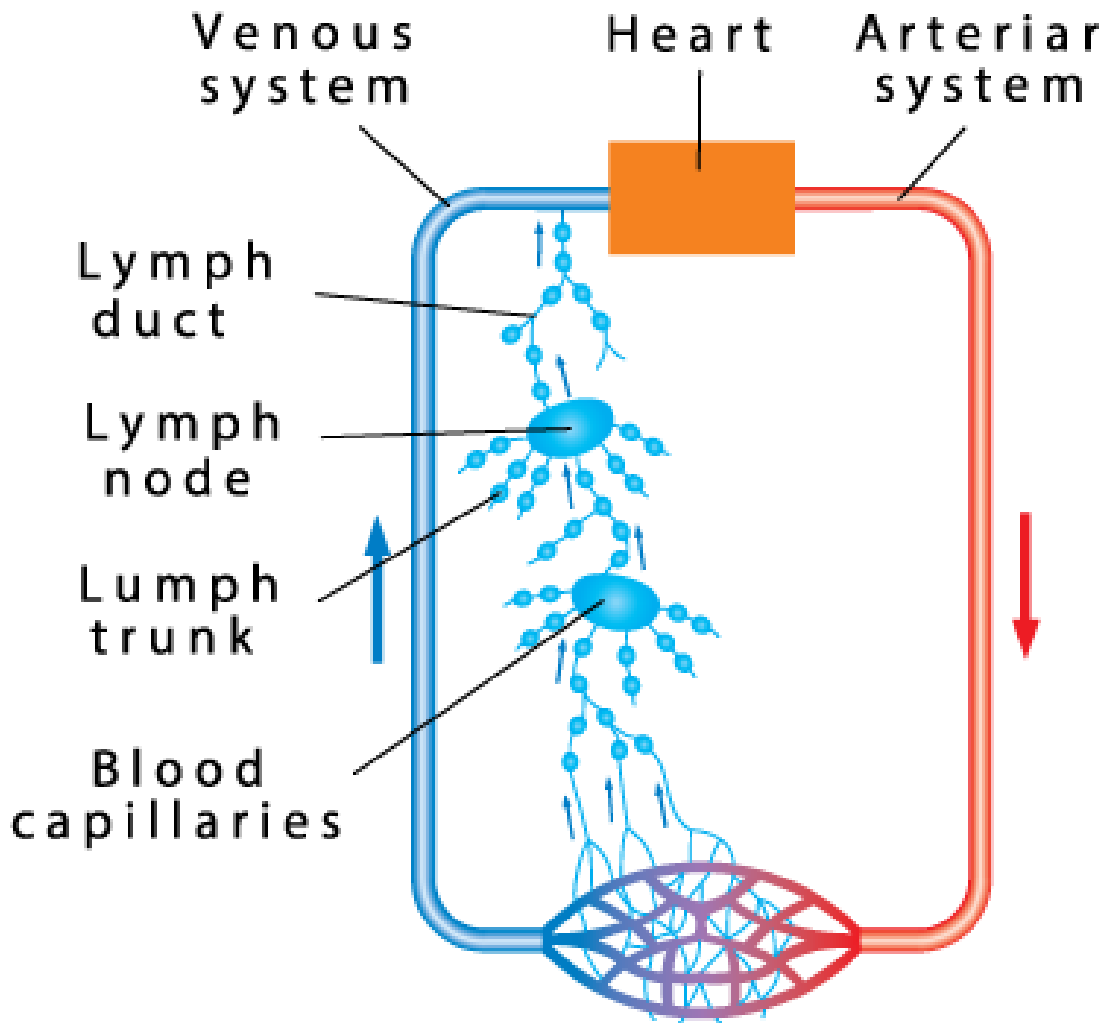


- Arteries continue to branch into smaller diameter until they are at the cellular level (capillaries)
- Blood flows through a series of valves based on the need of the immediate cells
- Fluid part of blood (plasma) is forced out of capillaries
- Red blood cells remain inside the blood stream



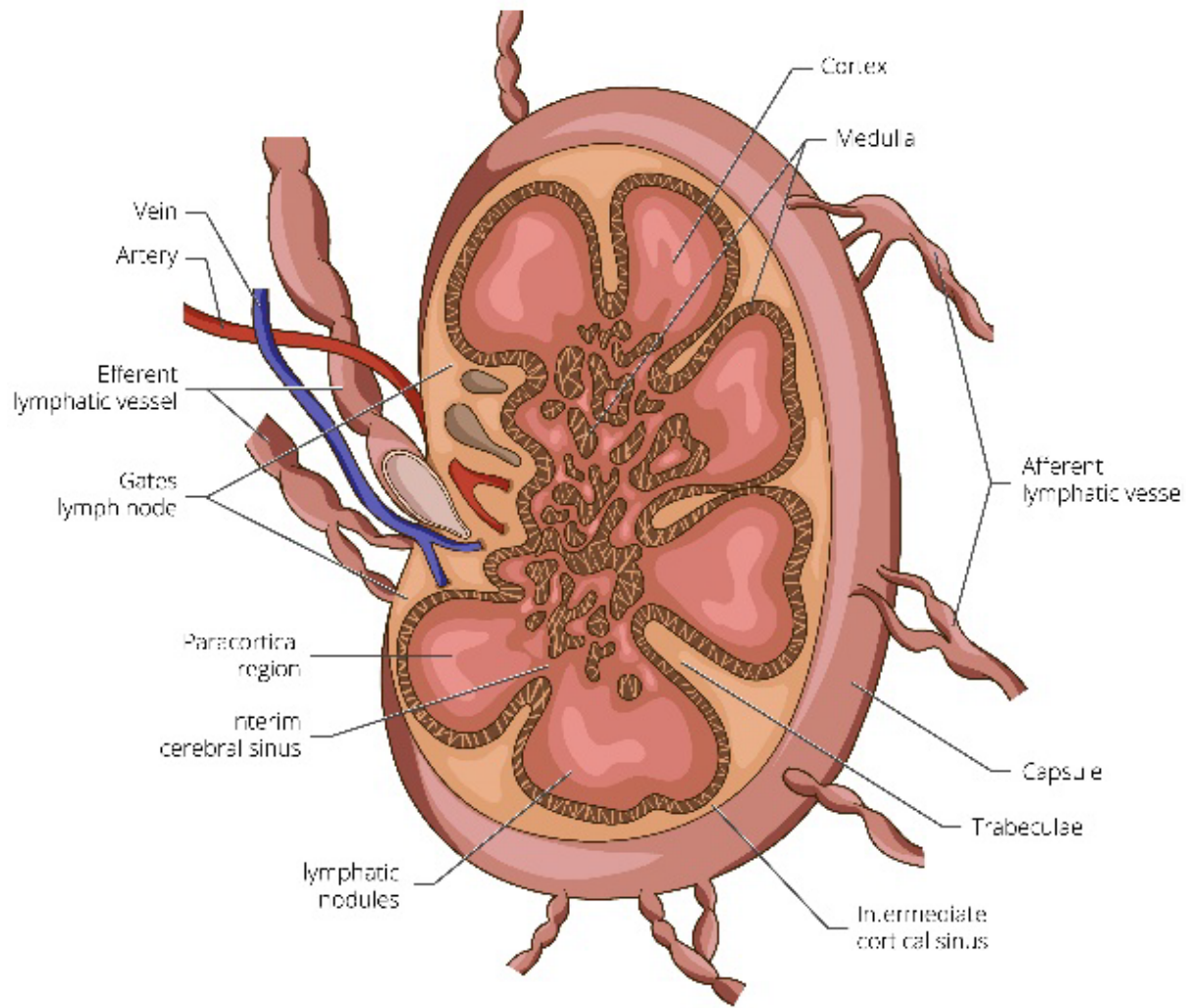


- As plasma is pushed out of the capillaries into the extra-cellular (outside of cell) space, it becomes interstitial fluid
- Fluid slowly passes through proteoglycan gel and across surface of the cells to provide nourishment and supplies
- Fluid not used by the cells is removed veins or lymphatic vessels
- Negative fluid pressure creates suction into lymphatic capillaries
- Inlet valves of lymphatic capillaries are connected to surrounding fascial fibers to open wider when fluid volume and pressure increases (edema prevention)

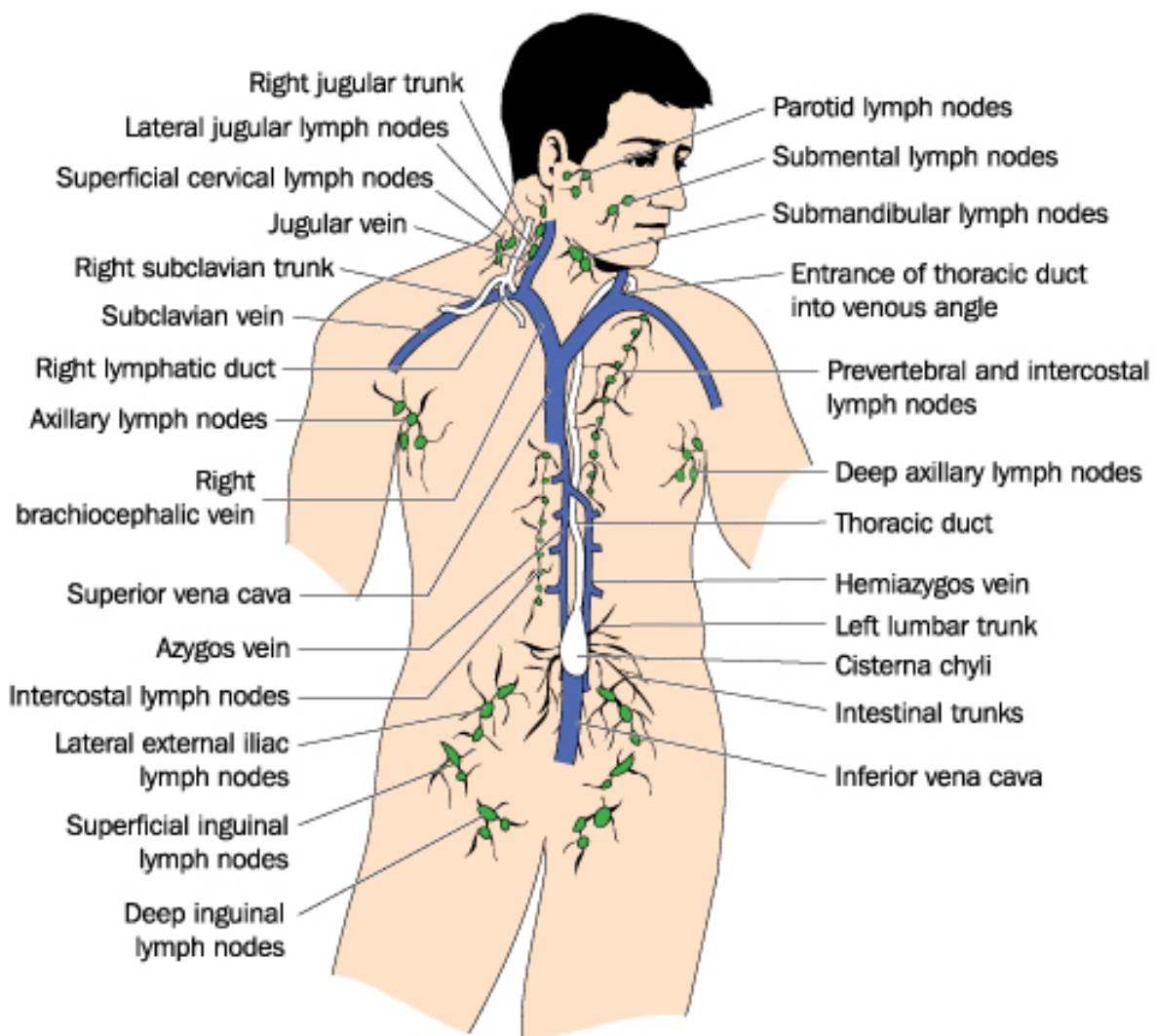


- Lymphatic system has no internal “pump” like the heart to force fluid flow
- Lymphatic fluid flow requires movement from muscles
- Fluid flow reduces during periods of inactivity
- Lymphatic vessels have special valves designed to keep the fluids from moving backwards due to gravity

Lymph node structure

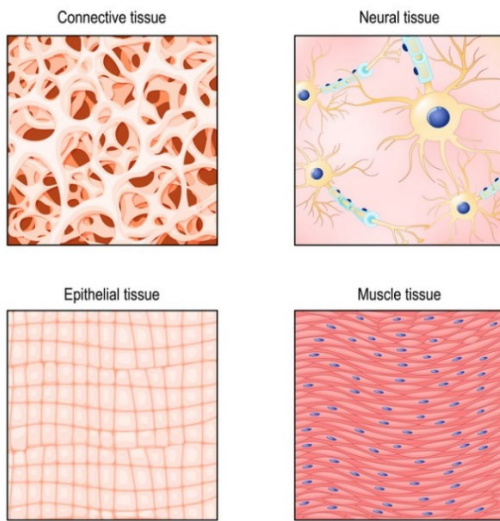


- Lymph nodes consist of a series of sinuses where fluid is cleaned along return route to heart
- Sinuses can clog the nodes if there is a restriction to fluid flow or the nodes are overwhelmed with toxins
- Nodes clean our fluids by converting toxins into smaller particles for processing



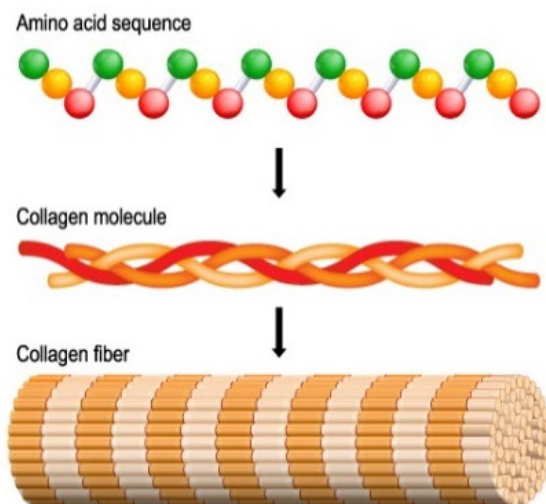
- Largest gathering of lymph nodes are found behind the knees, at groin leg creases, and arm pits, face, neck, upper chest, and deep inside of abdomen
- Lymphatic system empties into Subclavian Vein behind the left collar bone

4 Types of Tissue



- **Connective (structure)**
- **Epithelial (barrier)**
- **Nervous (communication)**
- **Muscle (movement)**

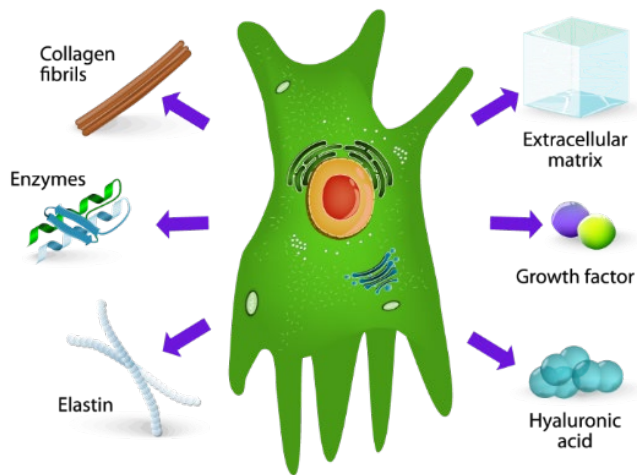
Connective Tissue: Collagen Fascia Fibers



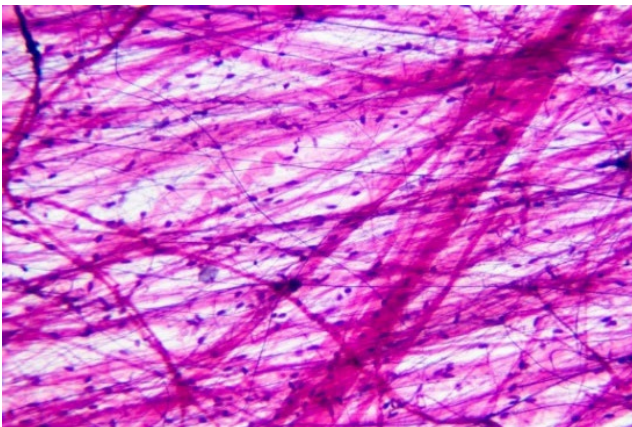
- **Structure of a fascia fiber begins with the collagen substances of amino acids arranging themselves in a triple-helix rope or fibril, and several fibrils will band together to form a collagen “fascia” fiber**
- **Most of the structures in your body are made up of cell byproducts like fascia**

Define Connective Tissue “Builder Cells”:

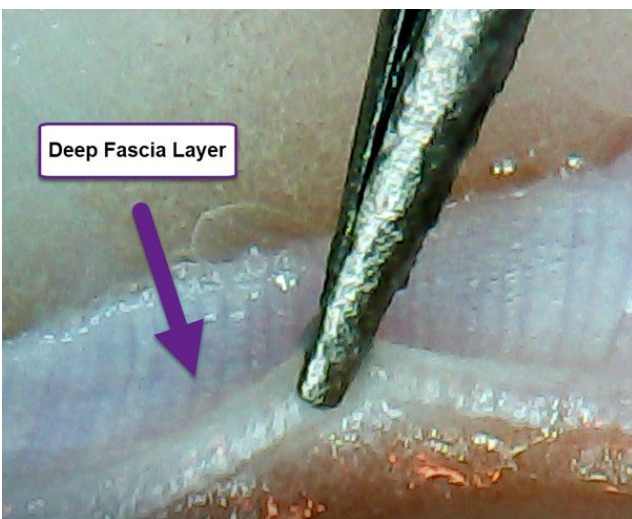
- **Fibroblasts (soft tissue)**
- **Osteoblasts (bones)**
- **Chondrocytes (cartilage)**
- **Erythrocytes (red blood cells)**



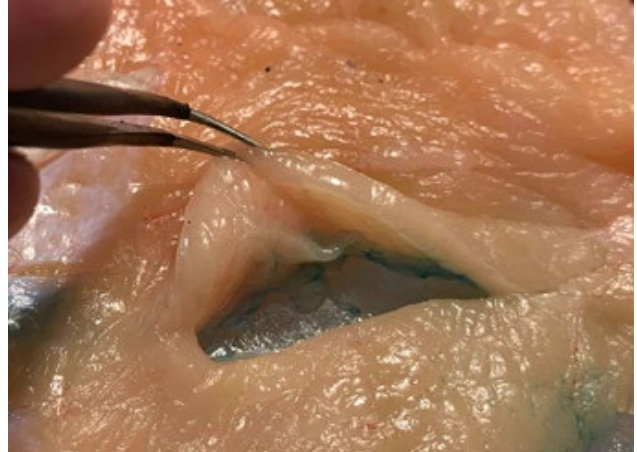
- Collagen structures are created or extruded from cells called fibroblasts
- Fibroblasts are responsible for creating most of the structures of your body using collagen as the primary building block (fascia)



- Fibroblast cells are mobile and can react to the needs of localized area and larger regions through several communication channels
- Dots in image are fibroblast cells responsible for creating structures around them

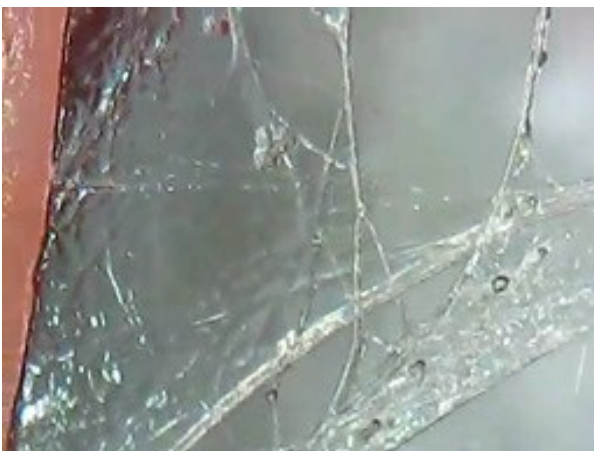


- Proteoglycan gel occupies the spaces created by fibroblasts and fascia fibers
- This gel slows interstitial fluid flow so cells can intake nutrients as they flow over the cell surface
- Most interstitial fluid should be suspended inside of gel

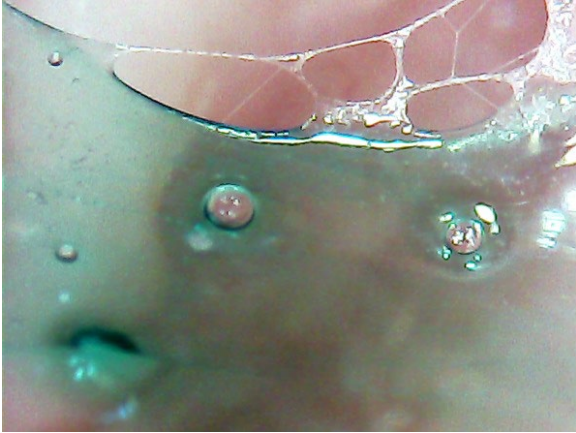


- In the images above, NEHC conducted research on cow tissue
- Human and animal tissue follow the same physiology
- Left image shows outer adipose (fat cell) layer
- Right image shows deep adipose layer just above muscle layer
- Fascia fibers and gel together provide structure called extracellular matrix
- Proteoglycan gel and membranes keep interstitial fluid inside of tissue

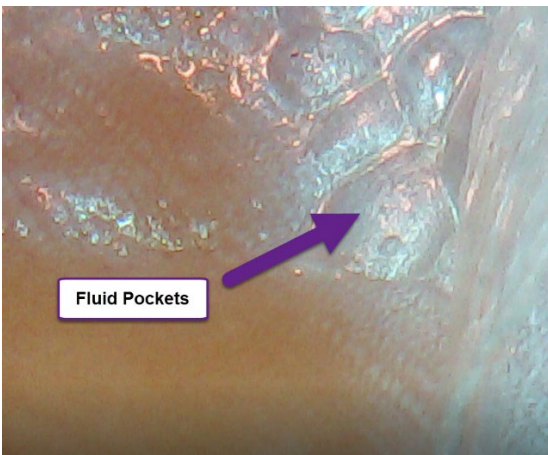
What are Fluid Containers?



- Membranes are sheets of collagen and laminin
- They are part of our barrier, protective, and fluid flow function in every type of tissue
- Each cell, organ, and gland have membranes to control fluid flow



- They are the main feature to hold epithelial cells together and control the permeability and filtering of fluids across the membrane barriers
- Blue coloring in image was introduced to show how fluid flow is controlled



- Layers of fascia fibers are covered in membranes to control fluid flow through each layer
- Fluid can get trapped within membranes to create pressurized pockets



- Vibration and stretching of fat and fascia releases fluid in trapped containers
- Lipids in fat cells will release through the cell membrane with ultrasonic mechanical vibration

Terminology disguised as membranes:



- layer
- lamina
- lining
- septa
- sac
- sheet
- dura mater
- lobules

Re-defining Traditional Terminology:

Edema:

- a condition characterized by an excess of watery fluid collecting in the cavities or tissues of the body (Oxford Dictionary)
- Edema is swelling caused by excess fluid trapped in your body's tissues. Although edema can affect any part of your body, you may notice it more in your hands, arms, feet, ankles and legs. Edema can be the result of medication, pregnancy or an underlying disease (Mayo Clinic)
- " Edema " is the medical term for swelling. Body parts swell from injury or inflammation. It can affect a small area or the entire body (WebMD)
- Edema is any interstitial fluid trapped within tissue and not floating in proteoglycan gel of the extracellular space (NEHC)

Inflammation:

- **Localized physical condition in which part of the body becomes reddened, swollen, hot, and often painful, especially as a reaction to injury or infection (Oxford Dictionary)**
- **Local response to cellular injury that is marked by capillary dilatation, leukocytic infiltration, redness, heat, and pain and that serves as a mechanism initiating the elimination of noxious agents and of damaged tissue (Mirriam Webster Dictionary)**
- **An immune response to dilate capillaries to create a temporary localized edema. Redness and heat are symptoms of increased flow of plasma into the interstitial space. Pain is a result of edema-like physiology where fluids are trapped in pressurized pockets outside of the proteoglycan gel. (NEHC)**

Pain:

- **A processing determination by the brain based either on stored previous memories or from direct input from pain receptors**
- **Phantom pain proves the brain does not need pain receptor input to recognize pain in the body**
- **The brain can only process a certain amount of pain signals, and the “loudest” or most important pain is recognized at any given moment (Pain Priority List)**
- **Most pain relief methods are designed to ignore pain through counter-irritants or pain blocks**
 - **Capsaicin, menthol (mint oil), methyl salicylate, camphor**
- **Fluid pressure pressing against pain receptors are the biggest cause of both acute and chronic pain**
- **Most pain is just below the pain threshold. Pressing against pressurized fluid pockets will bring pain receptors above the threshold.**

- “It only hurts when I press on it” or “It only hurts when I move it.”
- It should not hurt to be human. Tender still means pain and fluid pressure.

Toxins:

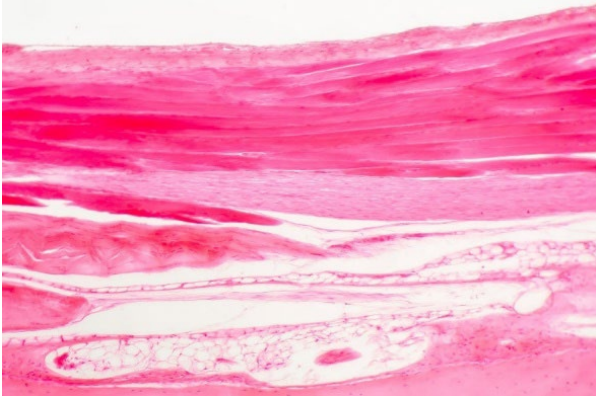
- Substances introduced to the body that cannot be processed, used, or eliminated
- Too much of a good thing can become toxic
- Naturally produced substances within the body can also become toxic if we introduce more than the body can use

Core Skill: Palpation

- A skill to fluid pressure pockets in tissue for proper placement of a tuning fork to resolve the pain or mobility restriction
- In Vibration Therapy, we use one tuning fork to allow for freedom of the opposite hand for palpation and feedback to sensing tissue quality



- Our method of palpation is to press our fingers against the skin to feel for contrast between normal and pressurized tissue
- Find it, mark it, fork it (repeat)



- Fluid pockets can be found in different layers in tissue
- Pockets can be hidden under larger fluid-filled areas
- Proper palpation provides proper positioning

- Finger pads have specialized Merkel cells to detect fine texture
- Palpate with finger pads of index, middle, and ring fingers
- Do not palpate using finger tip, side of finger, or palm of hand
- Feel for the pain
 - Direct connection between pain and fluid pocket
 - “Try a little tenderness”
 - It shouldn’t hurt to be human
- Keep the fingernails short
- Press & Slide
- Press & Press (test for tissue tension or tight tissue)
 - Everything should be soft and squishy
 - Compare to normal tissue (two sides to every story)
 - Sometimes you cannot tell until you fork it (feedback)
- Press & Roll (fluid in nerves, muscles, tendons, vessels)
- Start wide and narrow in on the pocket
- Find the edges
- Look for hidden gems
 - Core
 - Pockets within pockets
 - Covered by larger fluid pockets
 - Overpressurized

- Tight soft tissue can feel like bone
 - Know your anatomy (Apps and visual aids)

Palpation for joint dysfunction:

- Palpate during movement
 - What changes when it starts hurting?
 - What new muscles are used?
- Palpate away from the joint
 - Generally, it's not the joint that hurts
 - Bones do not hurt unless they are broken

Core Skill: Feedback

Client:

- Do not leave the client out of the feedback loop
- Build a rapport and encourage feedback throughout the session
- Assess and re-assess often
- Reassure and restore believe in rapid and permanent pain relief
- Remember: It shouldn't hurt to be human
- Be confident in your own skills
- How is this working when nothing else has? We hope that you will have the confidence to answer this question with conviction and ownership.
- Know your craft and why this is working when no other options provide the same resolution.

Sensing Hand:

- Use Palpation Skills throughout the placement

- **Your fingers will do the talking and provide very detailed information especially when something changes to the current condition**
 - **Strawberries through a straw**
 - **Push up**
 - **Water balloon with a hole in it**
 - **Morse code**
 - **Hard and tight turns to soft and squishy**
 - **What was bumpy and lumpy is now smooth**

Tuning Fork:

- **Many of the sensing hand feedback can be felt through the tuning fork**
- **If you are moving the base of the tuning fork with the gem foot, you can feel the tension of the fluids ahead of the fork**
- **In some situations, the tuning fork will slip off the placement location when fluid pressure releases or deflates especially with hardened nerves, tendons, ligaments, muscles, and other pressurized fluid compartments**

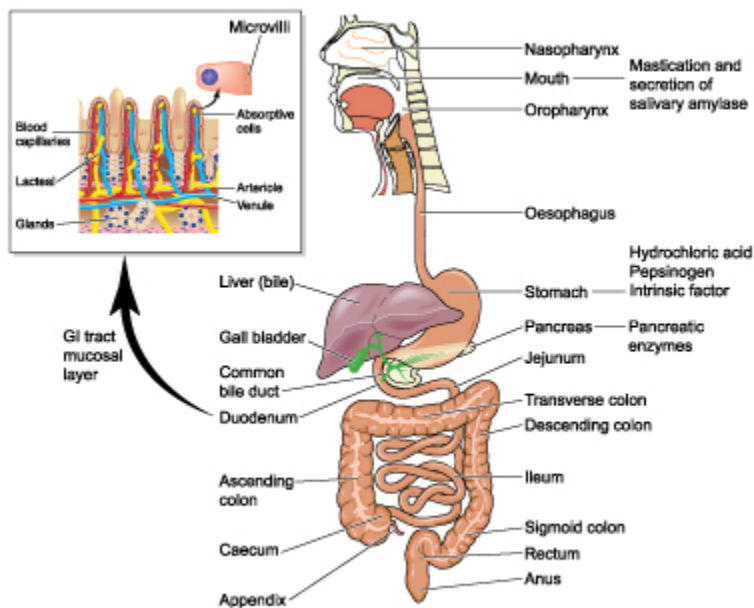
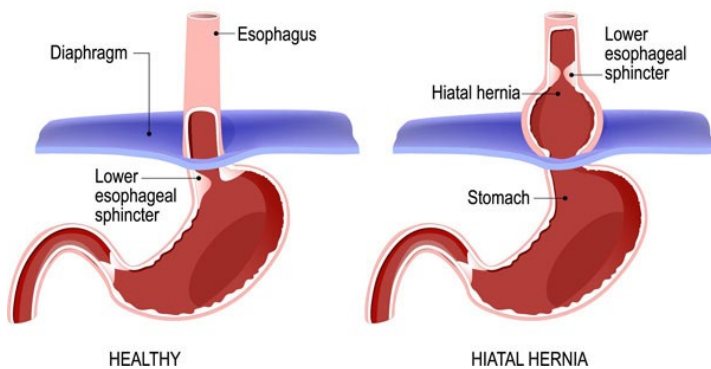
Visual:

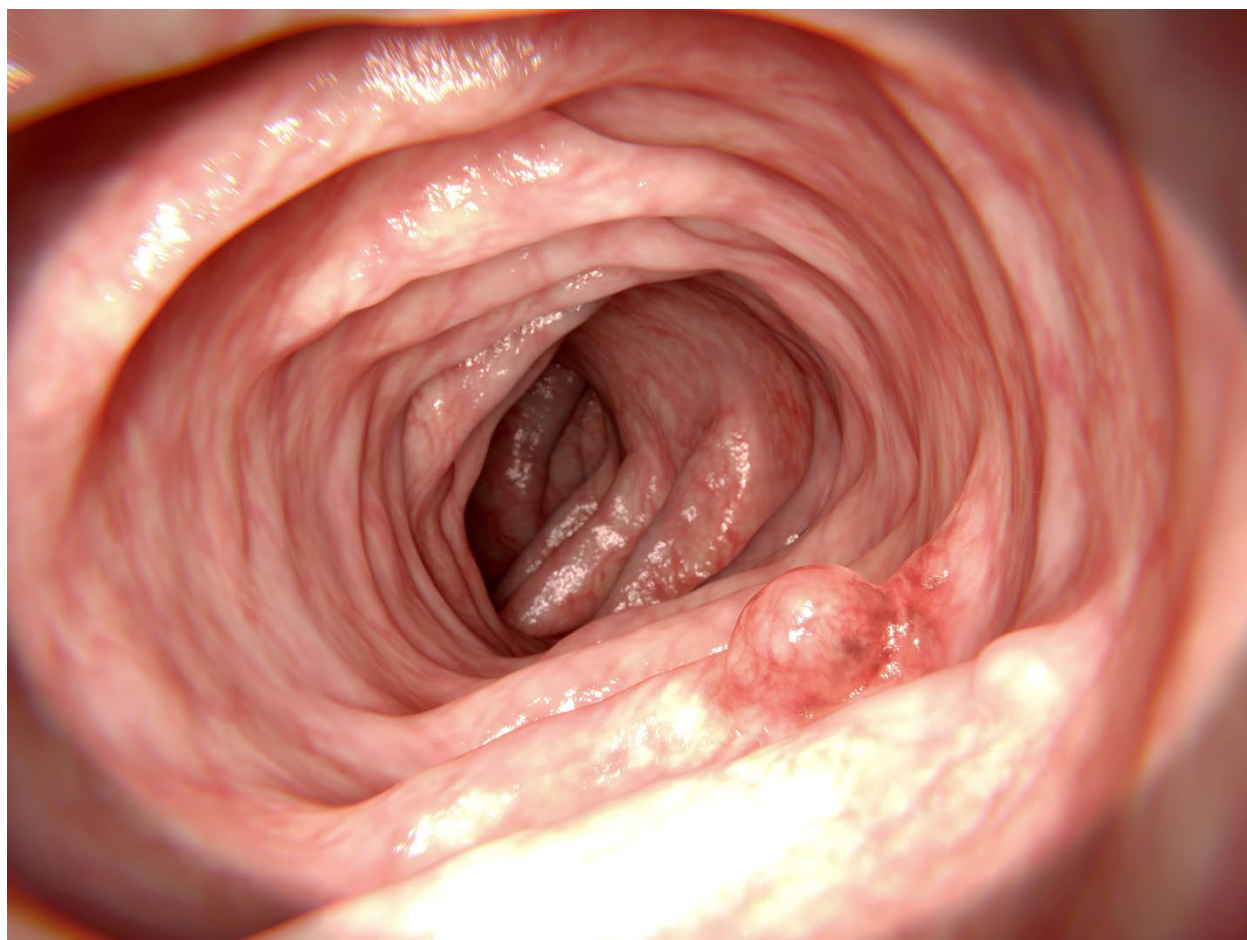
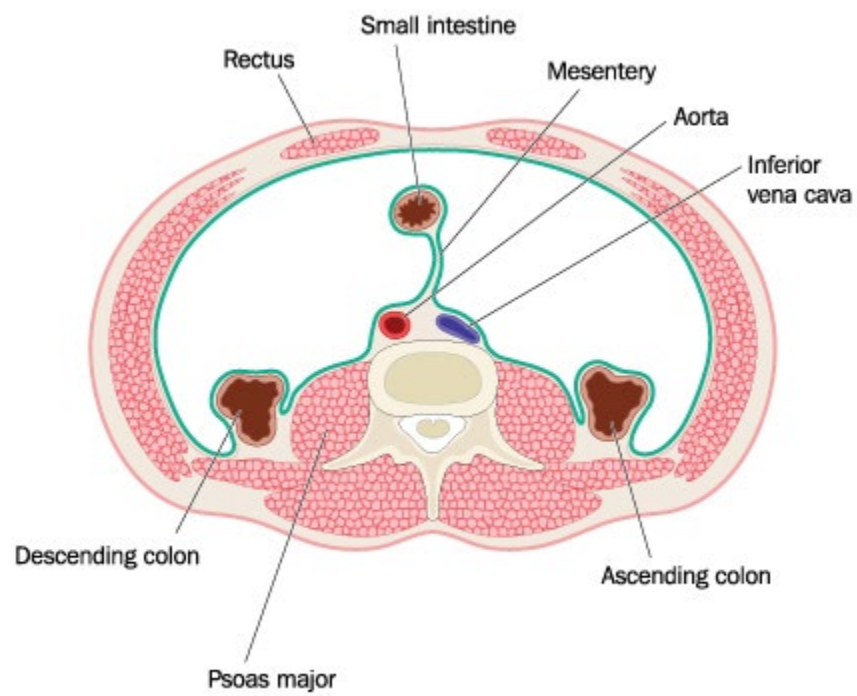
- **Color change**
- **Deflation of tissue**
- **Size and shape**

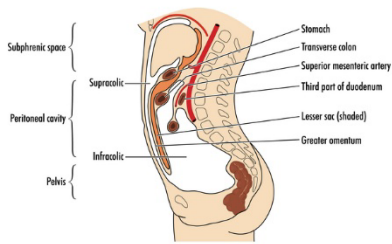
Digestion:

(Heartburn/GERD, Hiatal hernia, Indigestion, Intestinal blockages, Constipation/diarrhea)

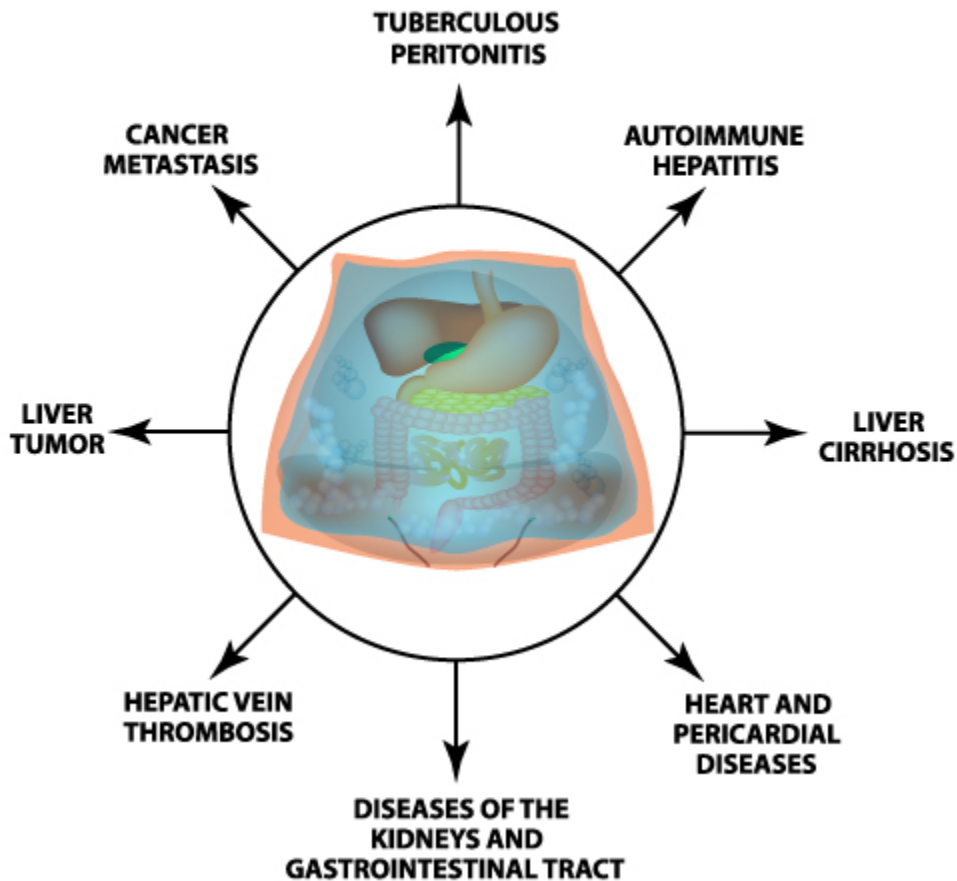
Hiatal hernia







Causes of Ascites



When somebody comes in to see you, they might say they have heartburn or constipation, but they are not going to tell you they have an intestinal blockage. You are going to have to find out what is going on.

Usually, the hiatal hernia is the main cause or catalyst because of the way it pushes up on your stomach.



Step 1: Feel or palpate to see if the client has a hiatal hernia.



Note: Determine the edges of the rib cage.



Start about 2 inches below the sternum and press straight down slowly with straightened fingers on one hand. Feel for the heartbeat from the abdominal aorta. If you can feel a strong heartbeat, the client likely has a hiatal hernia.

Step 2: Pulling down the hiatal hernia. Press straight down with both hands. Keep your fingers straight. Overlap the hands for more strength and support.

Press down slowly during the exhale of the client. Keep pressing down until you cannot go any further. Wait for another exhale and press further down.





Curve the fingers toward the feet and pulling slowly toward the feet while keeping constant pressure. You should feel the stomach start to slide with your fingers. If the hiatal hernia releases, you might feel and hear gurgling as the hernia fluid drains into the stomach.





Step 3: Strike and place the tuning fork in the same spot as your fingers. Use the butterfly grip and press deep. Move in slowly to minimize pain.



Step 4: Continue with placements about a half inch apart in a straight line toward the feet. You might feel a ball of fluid through palpation. Focus on draining the restriction.



Step 5: Go back and palpate to check for absence of a heartbeat from the abdominal aorta. The client should be out of pain at this point. Repeat placements as necessary.



Continue palpating for hard and painful spots along the client's right side. Feel for the gall bladder (see location above). Removed gall bladders might still have scars and fluid pockets from the surgery.



Work on the gall bladder area if needed. Reducing inflammation during a gall bladder attack can immediately eliminate the pain and possibly allow the stones to move.



Continue palpating along the right side. There are very few abdominal structures in the area located above.



Be careful when working directly on scars and stretchmarks. Placing a tuning fork directly on these spots will feel like pins and needles.



The main goal for digestion issues is to palpate deep into the abdomen. You should be able to press all the way to the spine. Nothing in the abdomen should be hard, and all structures should collapse under your hand and fingers. If you can feel it, you should fix it. Structures you

can feel in the abdomen keep indicate swollen organs or blockages of undigested food and feces in the intestines.



Remember when palpating into the abdomen, press down slowly to prevent the reflexive tightening of the abdominal muscles. Press down during the exhale.



Press down as far as you can and move slightly in a direction toward the feet to break up abdominal adhesions and loosen stuck feces.



Alternate between deep hand pressure and tuning fork placements to break up adhesions and reduce fluid pressure (inflammation) in the intestines.



For digestion issues, work on the entire abdomen to find all adhesions, blockages, and inflamed organs. Keep feeling for the heartbeat from the aorta.



Palpate and working along the left side for colon blockages and break up stuck feces.



Place your hand beside the tuning fork to feel for things moving during a placement.



You can also use the free hand to press down deep and place the tuning fork deeper into the tissue. All of the downward pressure is on the palpation hand.



Most colon blockage are found underneath the rib cage on the client's left side.



You might find a large ball of feces in the location indicated above.



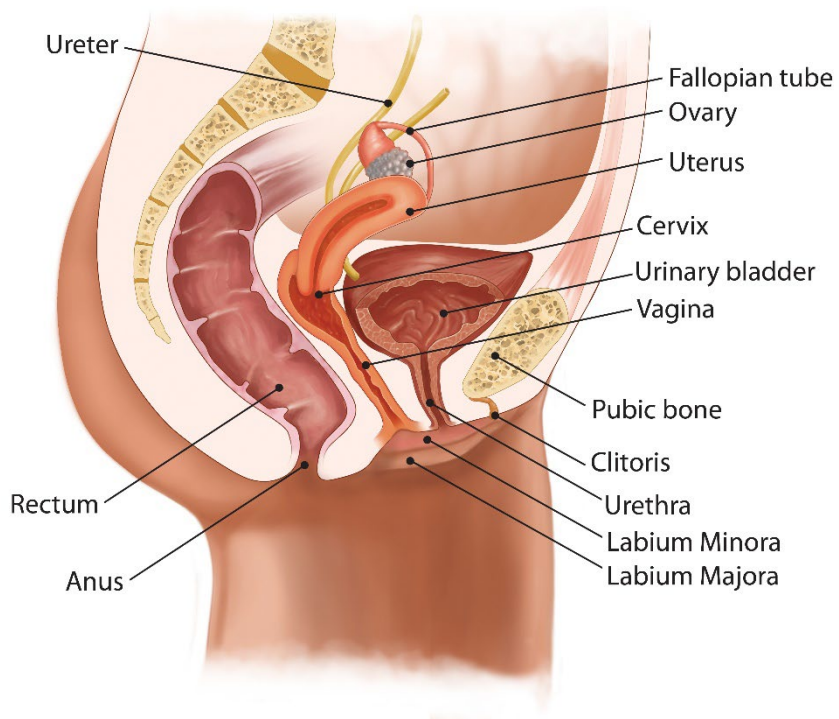
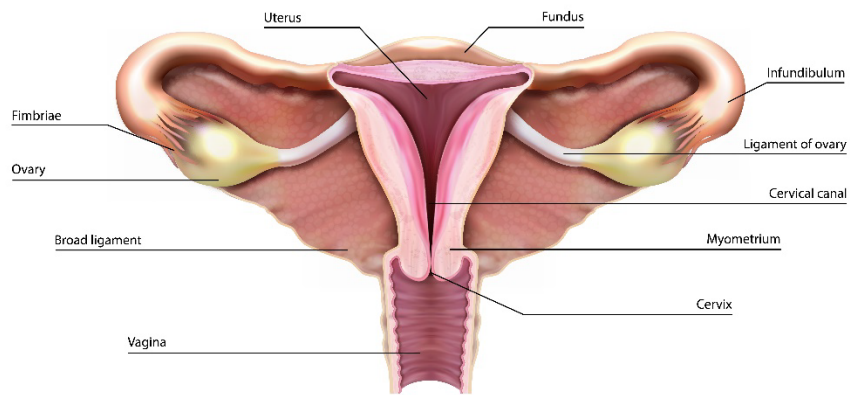
Also work on the naval.



Press in deep with the tuning fork. Focus on the walls of the naval. It might hurt on the first placement and feel less painful on subsequent placements.

Female issues (Menstrual problems, Infertility)

Female reproductive system





Palpate over the uterus for hard and squishy structures. It should feel like there is nothing there. You should be able to push all the way to the spine without feeling any structures. It could be a bladder or uterus issue since they overlap.

Feel on the side over the ovaries for a cyst. You should not be able to feel the ovaries.



Work directly on the uterus or bladder if it is inflamed. Ask questions about the client's menstrual cycle. Is it regular or late? Is it heavy? Is it non-existent? Sometimes there are indicators of endometriosis which might need surgical intervention if it is on the back side of the uterus.



Keep palpating and working on each area to make everything soft.



Palpate just above the pelvis.





Palpate directly underneath the pubis.



Use the back of the free hand to move the tissue away from the pubis.



Keep working on the pelvis until you feel the vibration all the way to the hip.



Next, work on the pubis bone. Palpate to see if the sides are aligned.



Palpate on each side to see if it's in place.

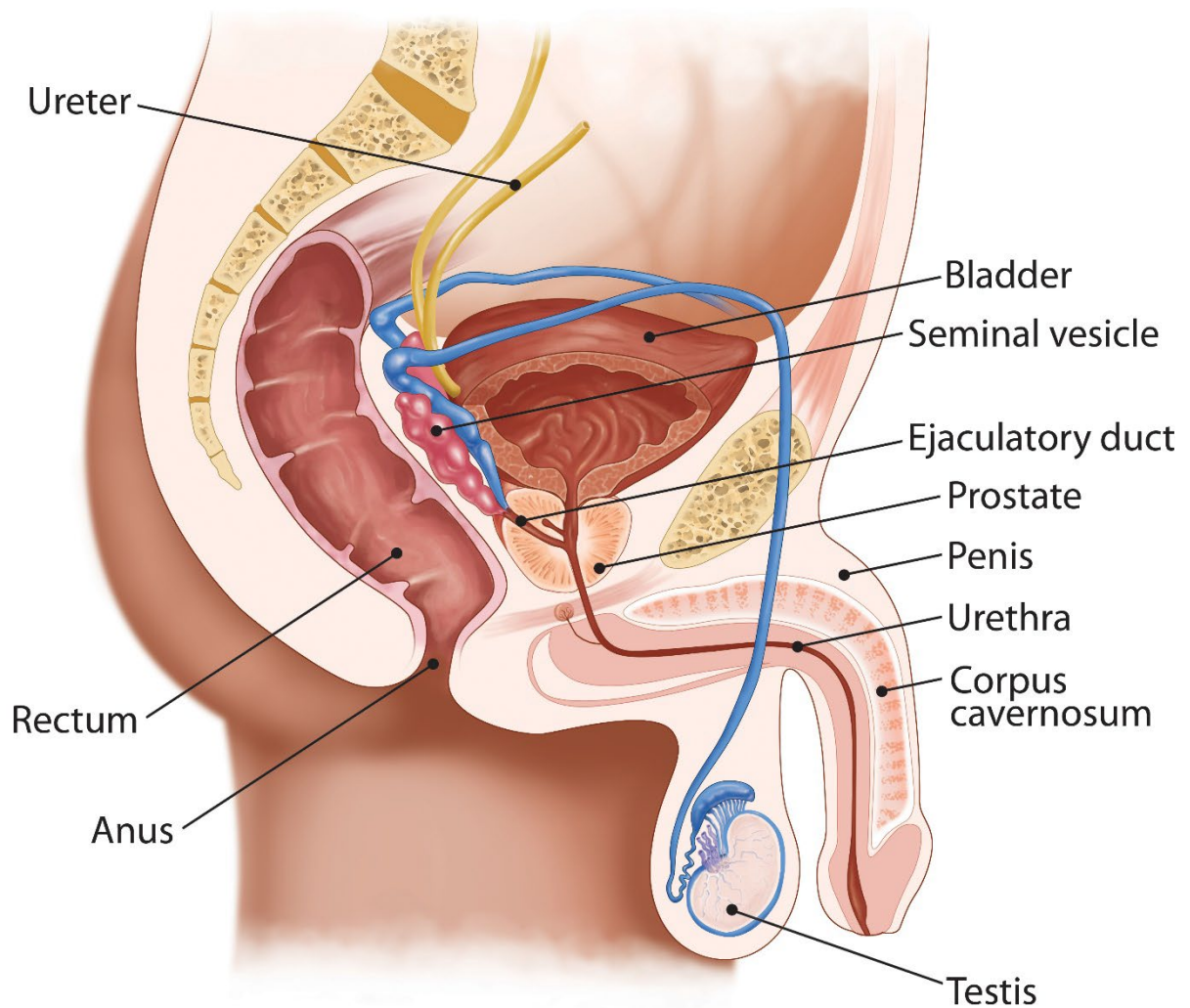


Look for a spot that sticks out on the side.



Press down and inward toward the pubis. Keep going until you feel the pubis shift.

Male issues: (Erectile Dysfunction (ED), Swollen prostate, Infertility)





Work directly on the bottom of the pubic bone. Use a bolster to raise the legs for easier access. Use the tuning fork so you do not have to touch the client.



Work along the crease to eliminate the inflammation and pain.



Feel for a hard spot at the inguinal canal. It will be raised, wide, and very painful for your client.



Place the tuning fork directly on the raised spot.



Start with light pressure and work deeper to reduce the pain level.



Work your way around the edge to the top of the pubis bone.



Press down and inward toward the pubis bone. This problem usually exists on the right side of the client.

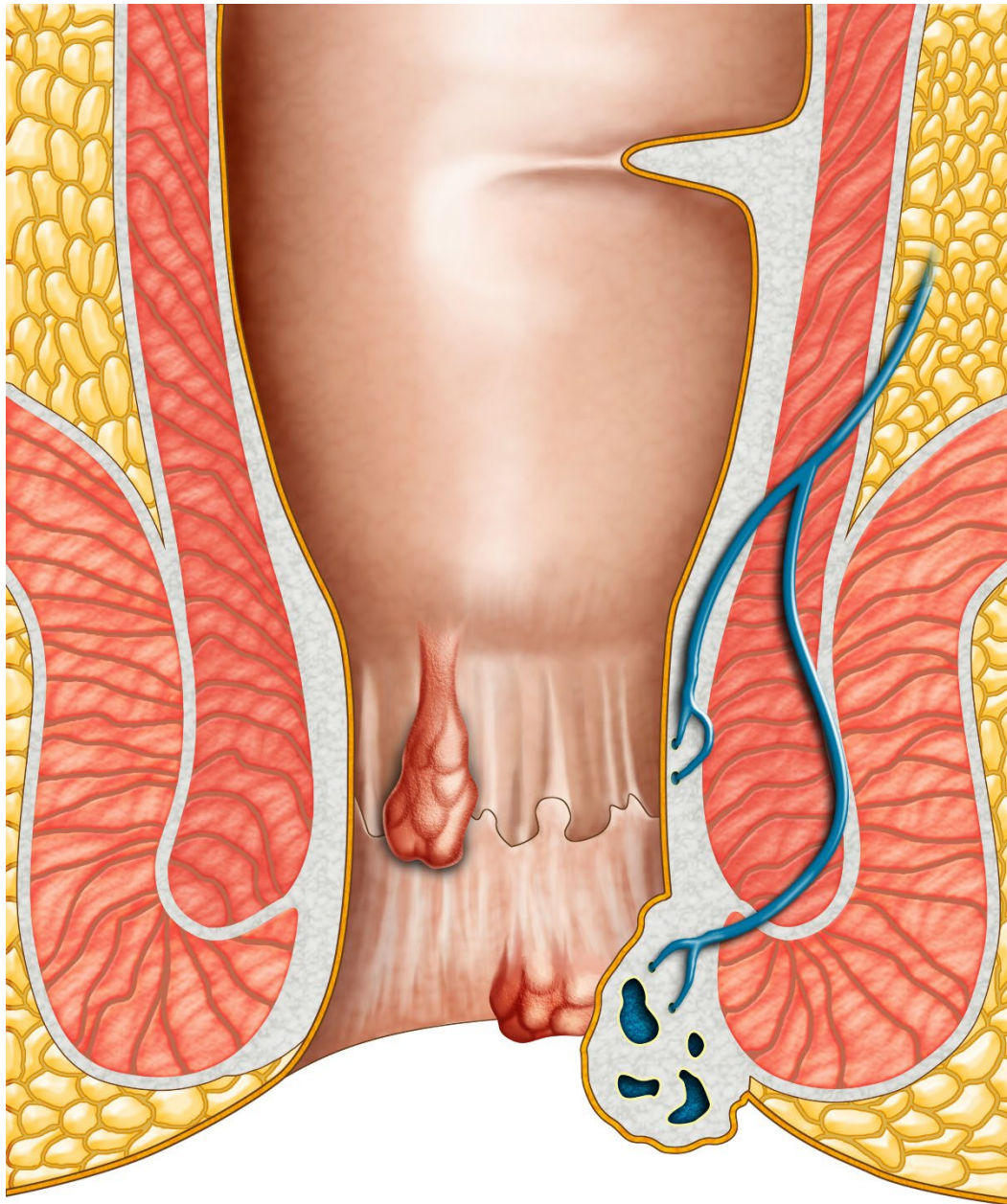


Additional option is to work on the crease with a Hypervolt on a low setting.



Use both hands to steady the device and run along the crease at a slight angle and low pressure. The ball attachment is recommended in a tight space. One pass is all you need.

Hemorrhoids





Find the center of the buttocks below the tailbone.



Palpate for the thick band running along the side of the center.

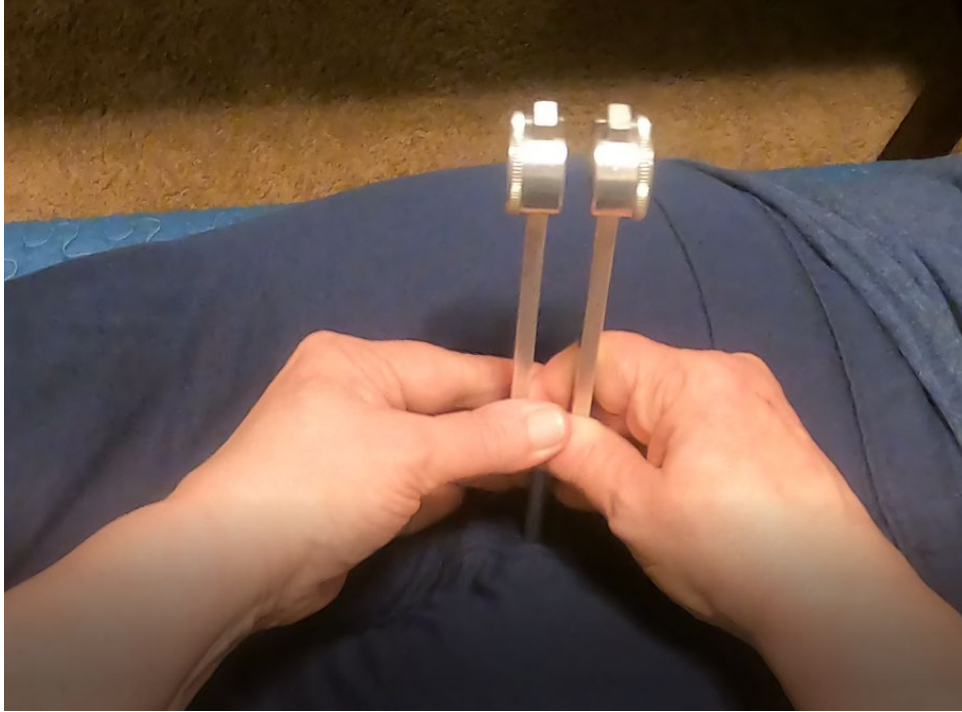


The thick band should be about a quarter inch wide.



Using the tuning fork, press down and angle toward the center until the tissue gives way and the tuning fork moves. When there is a hemorrhoid, the surrounding soft tissue will be hard.

You do not need hard pressure just constant pressure until it releases.



Work on the other side as well.



Keep working until there are no more hard spots. The client will be able to feel if there are still hemorrhoids remaining. Once they have been drained, they do not return. Talk to the client about other issues that have brought on the hemorrhoids like digestion issues and work on that problem as well.