

The Technical Side Of Things

The recent technology of organ transplantation has produced some interesting 'side effects'. Many recipients have reported major changes after surgery. This was explored in the documentary "Thanks For The Memories" about 15 years ago, where patients found that they had different likes/dislikes and/or capabilities after receiving a new heart. This ranged from food preferences to being able to write poetry. Obviously something was transferring within the transplanted organ.

Further research followed where kidney and other organ transplant patients reported many other anomalies coming along with their new organ. It appeared that the larger physically the organ was, the more interesting factors it carried across.

The ancient peoples around the Mediterranean area had long promoted the concept that emotional states were carried within various organs - love in the heart, anger in the liver etc. Although they didn't know the scientific reasons for this, they had observed and documented it over long periods of time.

It now seems that they were right.

It appears that all the internal organs have a fine and finite neurological system confined within them, composed of extremely minute nerves and grey brain cells. When an organ is transplanted, this entire system goes with it and ultimately connects to the brain of the recipient, bringing stored memory along with it - memory developed by the original owner - the donor.

This minute system is connected directly to the brain, and from my research does not appear to use the central nervous system (the CNS) as a corridor, as reactions transfer successfully in people with quite severe spinal cord injuries.

It seems that the brain is no longer between the ears, but distributed entirely throughout all the bodily organs. This, of course, makes a lot of common sense (a very rare commodity).

The largest organ in the body is the outer covering - the skin. And this has a such a fine neural network within the dermis layer. This network seems to involve our perception and interaction with the external reality in which we reside.

All these fine internal networks are linked into the brain itself and apparently through to each other.

What if the body has its own internal repair system that can be accessed externally?

What if gently stimulating the network within the surface of the skin can cause internal change via the brain?

NARESS (Neurological and Anatomical Response to External Skin Stimulation) does exactly that. It prompts the brain and internal network to restore homeostasis, to return the organism to its own original pattern.

Back In the late 1970's, I was involved in a minor vehicle accident, resulting in a whiplash injury. Added to my disability of being born with Rickets, and having one leg short and twisted, it made life difficult. I went through the normal diagnosis of 'neurotic woman', with my inability to turn my head and in pain and looked for solutions.

In the early 1980's experimenting with Applied Kinesiology, I realised that although there were some effects from its modality, the explanations given did not fit with my academic/scientific mind. The effects of the treatment seemed to be purely physical, but without order or any sort of reliability. It was also both slow, only semi-permanent and clumsy.

Long periods of experimentation and questioning then began, me being very pragmatic. My background as a teacher made me quite a skeptic about 'energy' systems and suchlike. I understood that the reactions experienced were occurring within the body, finite and measurable physical reactions that could be plotted, repeated and documented.

I finally, by late 1981, had a system that would re-align the spine of a subject without application of physical force or manipulation, by gently touching areas on the surface of the skin. At that stage I did not have the knowledge to fully understand the technology, I only knew that it worked on every experimental subject, improving their spinal alignment and alleviating pain - without the need for ongoing 'maintenance' and without physical manipulation or causing further pain.

The response from the body of the subject was a neurological 'pulse' under fingertips that also generated internal heat with the subject that could be felt and even measured by the therapist. This pulse was in no way related to the circulatory one, but a 'fluttering' under fingertips over an area about 2cm in diameter.

Not only that, but the reaction continued once it was initiated, until it found 'best result, sometimes continuing for up to 48 hours when the muscles were again relaxed ie: in bed. Subjects reported feeling a vertebrae slide into place before they went to sleep.

If more pressure were applied, this physical and measurable internal reaction 'switched off' and ceased to respond, as well as often causing unnecessary pain and trauma for the subject.

Touching a specific bilateral pair of these areas caused a muscle response within the subject that realigned the joints within the pelvic girdle, spinal column and shoulder girdle.

It also appeared to be an afferent/efferent response and could be stimulated without human touch, by using mechanical means. This illustrated the fact that there was no 'energy' exchange between subject and researcher, proving it to be a purely internal reaction with the body of the subject.

The only criteria for realignment seemed to be that the subject's muscular system needed to be completely relaxed and free of any interference (electrical or chemical). Whether the subject felt any internal reaction appeared to have no effect on the results, although some claimed to feel muscles moving, heat response within the areas touched and even neurological 'twitches'.

Naming this system “Neuroskeletal Dynamics”, I pursued further exploration, not realising that the implications of it were far more immense than I had first discovered. It was only after more than ten years of further study heading towards neurophysiology that I figured out the awesome concept of there possibly being an entire technology for all the other body systems.

A large number of volunteers allowed me to explore further and develop that part of NARESS that allows damaged and traumatised muscles to be released, but only after the skeletal system had been treated to release existing muscle stress. If joints are misaligned, muscles will retain tension to prevent the situation from escalating. So-called ‘tight’ muscles simply indicated a misalignment of the associated joints, not ‘tension’ or ‘stress’, and continual massage would not allow them to release permanently.

I subsequently misnamed the technology as “Neurokinetics”, without realising that this terminology applied to a number of unrelated topics internationally, and was confusing.

The skeletal alignment was reclassified in the mid 2,000’s and is now known as Ostealign, making it more comprehensible to potential patients and at the same time NARESS was born, as an entirely new area of medicine. The Ostealign part of NARESS is being taught in my clinic and distributed via iPhone and iPad Apps (not Android).

So NARESS was enlarged to cover the muscular area, but the reactions beneath the skin were completely different, although some of the receptors were identical to those realigning the skeletal joints. It is truly a multi-functional technology, entirely dependant upon which receptors are gently stimulated and in what order.

Further experimentation developed a skeletal realignment technology for animals, thus proving that there was no placebo effect.

The entire programme of preparing internal organs is now well advanced, being a self-treatment modality instead of being initiated by a therapist. This includes repair of the senses as well.

Currently research is heading in the direction of neurological repair within the CNS - spinal cord injuries.