

# **PSYCHOSOMATICS MANUAL**

## **Section P**

### **TRAUMA HEALING, P.T.S.D. & BORDERLINE**

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# **EMOTIONAL TRAUMA & THE BRAIN**

## **THE NEUROBIOLOGY OF EMOTIONAL & PHYSICAL TRAUMA (P.T.S.D.), LONG-LASTING STRESS & BORDERLINE**

By Kuno Bachbauer, M.D.

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### **BASIC CONCEPTS**

#### **DYS-REGULATION OF EMOTION**

Borderline and Post-traumatic Stress Disorder (P.T.S.D.) present with similar symptoms. Some authors see them as one and the same: Neurobiologically, they can have almost identical characteristics. Both can be seen as an extreme DYS-REGULATION OF EMOTION.

#### **TRAUMA IS THE EXPERIENCE OF BEING OVERWHELMED**

In a trauma, the Autonomic Nervous system (both vagus & sympathetic), as the executor and modulator of emotions, is OVERSTIMULATED. VAGUS and SYMPATHICUS are both aroused at the same time.

#### **THE SYSTEM CANNOT TURN OFF!**

Activating and dampening effects of the Autonomic Nervous System are operating at the same time. This results in a feeling of being OUT OF CONTROL. The person cannot turn off the stream of consciousness and is not able to return to a comfortable “emotional baseline” and achieve self-regulation & pleasure. With this comes loss of a sense of self, identity and self esteem.

#### **ALL TRAUMA AFFECTS THE PHYSICAL BODY**

Muscle contractions (“curl up”) protect the physical body against harm and possible death. This deep core tension needs to be released by vibrating the charge off. (Stress positions / discharge)

#### **RELATIONSHIPS ARE THE SOURCE OF TERROR**

Most trauma arises out of the context of a relationship. As a result, the client desperately needs to feel a sense of control and will try to get this vicariously through transference in the therapeutic relationship. (Good/bad, anxiety, rage, demands)

#### **VALIDATION**

Validation (... and lack of validation) seem to be the central organizing factor of Borderline and PTSD.

The client needs to be....

- 1) validated in their particular SUBJECTIVE experience,
- 2) allowed to have a biological reaction in response to it (self-regulation, discharge, abreaction) and to vibrate off the charge (musculo-skeletal release), as well as be....
- 3) gently encouraged to let go of the situation, to see it from all angles, and to move on!

#### **IMPLICIT MEMORY**

The memory of the traumatic experiences is often not conscious (= explicit) but IMPLICIT, i.e. only in form of strong background sensations, strange feelings, disturbing thoughts and uncontrollable impulses.

#### **TREATMENT OF TRAUMA CLIENTS**

Body-psychotherapy can't therefore be focused on REMEMBERING traumatic occurrences.

Emotional work has to “titrate” these implicit memories (make it “bite size”). It must center on gradual SOMATO-SENSORY PROCESSING of the emotional, neurological and biological responses to the traumatic event. It must be grounded in the relationship with the therapist and in the HERE & NOW.

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## Common P.T.S.D. Features:

- Traumatic memory is primarily somato-sensory (versus cognitive / “explicit”). Client reports memory of sensations, perceptions, behavior, and affective states and NOT of the details of the actual traumatizing event. (“I can’t remember the exact details, except certain smells and colors”.)
- Loss of perspective. Client can not compare with what else is happening in his life. (“Black & White”)
- When people get aroused they “lose their mind”. Normal capacity to modulate arousal is seriously affected. The experience is primarily somato-sensory (= on a body-feeling level). The client cannot speak about the experience and the personal “narrative” is not coherent..
- Brain scan (SPECT scan) shows “holes in the brain”. This means that localized parts of the brain are shut down (and use up less glucose as fuel, as measured in the scan) and thus won’t be a contributing part of the process of emotional self-regulation.
- The challenge is to find a balance between over-arousal and under-arousal, because in both cases the brain shuts down.

For a P.T.S.D. Trauma Patient (as well as for the Borderline client),  
**RELATIONSHIP**  
**IS THE SOURCE OF TERROR**  
DUE TO TRANSFERENCE, THE THERAPIST WILL ALSO BE SEEN  
AS A SOURCE OF TERROR.

These clients need to have “control” ⇒ Technique: Therapist close eyes  
so that the client can feel in control and feel safe and un-freeze.

### Trauma Therapist Peter Levine, PhD has the following theories for PTSD:

- For a person to be whole they have to identify with both: the HUNTER and the VICTIM position. In PTSD the client cannot “parallel process” (= holds only the victim perception) and stays stuck in it. This will make her/him prone to re-injury.
- In order to heal a client needs to identify with the perpetrator as part of the healing. This is not condoning the deed of the perpetrator but is about reclaiming biological (neurological, energetic) qualities of the natural predator in the client.
- Biologically, we have both positions programmed into our nervous system! This is the most difficult step in the process – and often not understood by other therapists who then nurture the victim position of the client (“survivor” of ... abuse.).
- Clients need both:
  - 1) full empathy and understanding for the trauma that has occurred to them  
..... AND .....
  - 2) the client has to be able to experience internally what it is like to be the victimizer.

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## The 3 Biological Stages of TRAUMA DEFENSE

(Based on: Steven Porges, PhD, "Polyvagal Theory" )

- 1) "Coping" "**Smart**" **Vagus** (= talk your way out of situation, negotiate, smile)
  - Attachment/Bonding: Movement towards a safe person (mother)
- 2) "Road Rage" **Sympathetic** (= fight or flight)
  - Fight: Anger. Movement towards the threat.
  - Flight: Fear, Movement away from a threat.
- 3) "Collapse" **Parasympathetic** (= withdrawal & shut-down)
  - Freeze: Terror. Stiffening immobility, shallow & fast breathing, hyper-tense muscles, can't scream, get numb, fall asleep, no energy.
  - Submission & Shut-down: "Dead man reflex", play dead!  
Social withdrawal. Depression. Immobility. Anesthesia.
  - Dissociation. Fainting, Coma & Death. (= Extreme shut-down)

### Explanation:

(Based on Steven Porges, PhD "Polyvagal Theory")

According to Porges we have 3 stages of defense that are directly mediated via the **THREE** branches of the Autonomic Nervous system.

1) Smart ("social") Vagus: It regulates & modulates facial muscles for social expression like smile and frown, expressions of fear and anger, flirting, etc. It is engaged in response to mild stressors, when the ego is fully functioning and in control. Biologically it is related to bonding: Remember the smile of a baby that guarantees it that you want to pick it up or feed it. What a great survival mechanism. As a grown-up you use the same technique when you try to talk yourself out of a speeding ticket, when you lie and generally when you are in your social "mask".

2) Sympathetic: The proverbial "fight or flight" mechanism is mediated by the neuropeptide adrenaline based sympathetic nervous system. This defense is engaged against a strong stressor, with ego functions barely coping. This mechanism is an essential part in the "stress response" and the negative biological consequences (illness) when you can not fully express these feelings (discharge) in a situation that is a perceived threat.

3) Parasympathetic: When there is "no way out" in an overwhelming situation our best bet may be to just shut down: We don't get out of bed on the day of SAT exam, faint when we win a million dollars, get depressed or procrastinate when we have "too much on our plate". Biologically, this is related to the "dead man reflex" that is displayed by a much smaller animal facing a predator, or your dog turning on its back in submission when you play with it. This process is mediated by the parasympathetic nervous system, also called "vagus".

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## MEMORY & TRAUMA:

- **“IMPLICIT MEMORY”:** The Corpus Amygdala play a huge role in post-traumatic memory formation in form of “implicit”, or background, memory. This is when a client remembers sounds, colors and smells of a traumatic event, but cannot remember any factual details or that the incident even happened to them.
- **“EXPLICIT MEMORY”:** The hippocampus is part of the “explicit” memory system and as such responsible for our consciously remembering **EVENTS & FACTS**. You remember the special situation and the facts leading up to a particular trauma. The nerve cells in the hippocampus are extremely sensitive to the stress hormone cortisol. Excess cortisol has toxic effects on hippocampal nerve cells. This is responsible for the frequently reported memory loss people with PTSD suffer from. Their memory of a traumatic event may be totally erased and un-retrievable!

⇒ TREATMENT OF TRAUMA CLIENTS can therefore NOT be focused on REMEMBERING traumatic occurrences, but on properly processing the emotional and biological responses.

Because of the potential “explicit” memory loss (related to facts and situations), focus of the treatment has to be more indirect focusing on the memory of implicit background feelings that come up in form of TRANSFERENCE in form of a vague “bad feeling”, a burst of anger or a bout fear or anxiety that is not related to an obvious event in the here and now. (Smells, visual cues, sounds may trigger emotions that maybe related to such an event.)

## CORE ENERGETICS & TRAUMA HEALING:

Because of the trauma pathology, the healing a client needs most is related to a CONTROLLED discharge of the emotional charge. Because this energetic charge is held in the nervous system, specifically in the corpus amygdale and other parts of the limbic brain, Core Energetics with its psycho-physiological tools, is an excellent method to help a client towards self-regulation - if the process is conducted slow enough!!

The process of discharging has to be GENTLE, EXTREMELY SLOW and “TITRATED”. It has to be broken down into small repetitive steps and the physical body has to be always included.

Validation of subjective experience is essential! The client needs unbiased acknowledgement and validation of subjective experience. (The therapist needs to be “there for the client” and empathic, and does not have to internally agree with the validity of the facts but validate the FEELINGS of the client!)

That way there is no struggle about the traumatic event and the trauma client may safely re-

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experience and physically abreact the fear and rage that is held in the body/mind/emotions.

Along the way there has to occur a re-evaluation of the traumatizing situation complete with taking self responsibility, empathy and owning one's own Lower Self ("victimizer") and an evaluation of appropriate & mature pragmatic responses in case it would happen again.

The creating of a new "narrative" (Story of self-experience: = How one speaks about an event) has been documented as the single most predictor of a positive treatment outcome!

As Borderline and PTSD is a problem of self-relations....

In Core Energetics terms that might mean:

- How is this experience emotionally framed in connection to one's Higher Self, Lower Self & Mask?
- Issues of CHOICE, INTENTION TO LOVE ("inner will") and one's Life Plan and Karma?
- Higher Self work would also be related to re-establishing a connection and trust in God (Creator, Divine).

### **REVIEW of CORE ENERGETICS TRAUMA HEALING:**

The PTSD/Borderline client needs....

- Acknowledge what is: "Trauma", "Violation"
- Safely re-experience trauma
- Validation of subjective experience (Empathy)
- Physically abreact & discharge of the emotional charge
- Learn self-regulation & self-awareness
- Re-evaluation of situation & explore proper practical responses
- Creating a new, alternative "narrative" (Story of self in connection with trauma)
- Higher Self work & Trust in God.

⇒⇒⇒ However, this process has to be GENTLE, EXTREMELY SLOW and TITRATED, broken down into small repetitive steps.

### **SEXUAL ABUSE AND BORDERLINE:**

SOME AUTHORS BELIEVE THAT  
**SEXUAL ABUSE**  
IS ALWAYS, IN SOME FORM, A CONTRIBUTING & DECIDING FACTOR  
IN BORDERLINE ISSUES

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## THE USE OF MEDICATION

For clients with P.T.S.D. & Borderline

- Many trauma clients and Borderline persons have been living in unrelenting, perpetual and chronic (internal) stress since childhood! Stress results, amongst other toxic effects, in a depletion of neuro-peptides (Serotonin, Dopamin, etc. ) and even a reduced production of neurotransmitters (“down regulation”) in the cells. These clients do not have the capacity to regulate their nervous system because of this lack of neuro-peptides and NEED medication to jumpstart them and make them more available for therapy.
- In these cases selective “dampening” medication as provided by SSRI’s (Prozac, etc.) are useful because they help to enhance the ability to analyze a situation (= open up “internal space”, choices, “grey zones”) and move the client away from the typical and diagnostic locked-in “black-and-white”, all-or-nothing thinking.
- Serotonin (Prozac, etc.) has a dampening effect on the Nuclei Amygdala, the part of the Limbic System that is associated with fear & anger (+ sex & bonding).
- Regulation of the limbic system has a direct effect on the regulation of the subordinated Autonomic Nervous system. (This is how both meditation, relaxation and psycho-pharmaca work)

### **Results of Medication with Psychopharmaca:**

- Can utilize therapy better
- Can tolerate feelings better
- Better social life & connection
- More time with friends
- Fewer doctors visits
- More hope
- More Life Quality

### **DIAGNOSTIC SUPPORT:**

In more extreme cases, I recommend a brain scan with a SPECT scan (Dr. Amen Clinic) to rule out chronic structural and functional damage to the brain and also to analyze and to understand certain patterns of brain functioning (“Ring of fire” ADD, etc.) in order to establish an ideal and client-specific treatment plan (i.e.: Psychotherapy, bodywork, medication, behavior modification, lifestyle changes, diet, meditation-relaxation, exercise).

# “Autonomic Regulation”

## SYMPATHETIC & PARA-SYMPATHETIC NERVOUS SYSTEM

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The Autonomic Nervous System (= Sympathetic & Parasympathetic NS) carries both "afferent" (= towards the brain - sensory information from internal organs, heart, muscles) & "efferent" fibers (= towards internal organs - activating glands, heart, intestines, muscles, fascia, etc.).

Together, the afferent and efferent fibers build reflex arcs that connect the internal organs & glands, including the viscera (= "gut"), bladder, sex organs, heart & blood vessels, lungs, etc. to the proper segment(s) of the spinal cord. The purpose of this system is self-regulation of basic bodily functions. It constitutes the biological basis for any form of aggression and withdrawal and the substrate for our emotional states.

These autonomic reflexes are largely unconscious. They are governed by rather complex connections to the "Emotional Brain" (limbic system & various centers in the hypothalamus). From the spinal segment, information directly travels along various "tracts" (= super highways in the spinal cord) to and from the Reticular Activating System (= "R.A.S.") which has to do with autonomic integration, arousal and alertness and also to and from some of the "nuclei" of the hypothalamus (= nerve centers in a part of the "emotional brain"). That way, impulses can be modulated by the "Emotional Brain" as the center (and to some degree, the "thinking brain" via the Reticular Activating Formation as will be shown below).

All your spontaneous internal activities are regulated and balanced that way: The autonomic reflex arc tells your system when to sweat, how rapidly to breathe, how fast your heart needs to beat and when to have goose bumps. It is responsible for the reflexes that initiate vomiting and swallowing. ....WAU!! ... and all that without being actively conscious of it! It does it all for you - whether you are awake or asleep!

Of course, to some degree it can be influenced by the mind as I want to show you with the "Autogenic Relaxation" exercise. In this technique you influence the balance of the autonomic system through visualization ("My arm is heavy and streaming warm") and the periphery reacts by relaxing not only the "striate" (= skeletal) muscles but also the smooth muscles of the blood vessels, etc. This vascular relaxation opens the diameter of the arterioles (smaller than arteries), which in turn makes your arm warm and streaming because of the increased blood flow. As opposed to earlier theories, the two components of the Autonomic Nervous System are not antagonists but they function synergistically in a healthy person. However, because of our life stress & "character defenses", most of us need to shift our system from a sympathetic mode (self-defense, attack) to a more para-sympathetic (nurturing, relaxed) orientation.

For us as Core Therapists it is important to consider the Autonomic Nervous System for its function in charge and discharge, when coping with stress, in "psychosomatic" medicine (= mind-body connection), and also for its correlation to what happens in Character defenses. Posture is generally governed by the peripheral sensory/motor nervous system and modulated via the muscle spindle system by the Autonomic Nervous System. On an internal, "visceral" level, the equivalent to the typical muscular tension patterns of a "Character" defense is a systemic imbalance of the autonomic system affecting the internal organs, and in its extreme is expressed as a physical illness .

As far as the muscular expression of "Character Structure" goes, it is worth to be mentioned that the Autonomic Nervous System has an influence on the "muscle spindles". These are the sense organs in muscles that report muscle tone to the higher levels of the nervous system. The Autonomic Nervous system has an influence on the reactivity of muscle fibers that way. Sensory and motor nerve impulses are modulated by the sympathetic fibers interweaving at the muscle spindle (= sensory portion) and at the gamma motor-

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neuron (= motor portion). Emotional issues thus may have a direct influence on the sensitivity of the motor system (and vice versa) by setting a "base line" for our posture in form of increased or lessened tension in our posture. (Based on Dietrich Klinghardt, MD). An example for this relevant to Core Energetics practice would be a client's vocal cords. If someone is very tense, nervous or afraid (Sympathic NS) her voice sounds very high and shrill, after exercise or emotional release (Parasympathic NS) that same person's voice would sound more relaxed and deeper.

Constant suppressed fear, aggression, collapse, hopelessness, etc. will create a specific pattern of imbalance in the autonomic nervous system. These imbalances are fairly (but not exactly) specific to the internal conflict of the person and may be expressed initially in the reversible form of a "dys-regulation" (i.e.: dyspepsia = sour stomach) and later as a psychosomatic illness with actual chronic tissue damage of increasing severity (i.e.: stomach ulcer, stomach cancer).

The Sympathetic Nervous System also innervates immune organs: Thymus, bone marrow, spleen, lymph nodes. Receptors for catecholamines (= a fancy name for adrenaline) are found in lymphocytes (B-cells & T-cells). In stress adrenaline is released via the Autonomic Nervous system (sympathetic branch) and regulates lymph cells. Specific and unspecific stress is a mediator in any illness via the immune system. It is a co-factor in developing disease from allergies, auto immune and inflammatory diseases to a person's proneness for bacterial infection or cancer.

All this means that the Brain can influence the function of the immune system – and vice versa!! (The immune cells send out neurotransmitters as biological messengers to specific receptors in the brain and elsewhere). Research on animals and humans shows that Immune cells can be "trained" with Pavlovian methods. Modern healing techniques based on the fact that the mind can influence the immune system would be: Autogenic training, guided visualisation techniques, biofeedback and some forms of meditation. The medical field studying the relationship between the mind and the immune system is relatively young and is called "Psychoneuroimmunology".

One of the best and most accessible methods to study, measure and influence the regulation of the Autonomic nervous system is through the "Heart Rate Variability Test". This is a computer-based diagnostic device that calculates changes in the frequency of the heart rate and can demonstrate a person's capacity to cope with stress. It can also be used for patients to teach them how to influence the Autonomic Nervous system via a built-in biofeedback mechanism. (See class demonstration)

Similar correlations as above also exist between the Autonomic Nervous System and Endocrine glands such as pancreas, adrenal glands, thyroid and gonads, amongst others. The medical specialty studying the influence of the emotions on the hormonal balance of a person is called "Psychoneuroendocrinology" (Endocrine glands produce hormones).

The Autonomic Nervous System gives a Core Energetic therapist constant information about what goes on in a client: glassy eyes, pale skin, dizziness that comes up during an exercise, changes in heart rate, sweating, nausea, goose bumps, "streaming" sensations & vibration, reports of sexual dysfunction, etc ..... all these are signs of the underlying connection between "energetic charge", emotional state and the Autonomic Nervous System as its mediator! [charge (=mainly sympathetic) vs. discharge (=mainly parasympathetic)]

**NOTE:** As will be mentioned in other classes, the Autonomic Nervous System is not the only information system regulating the bridge between the mind, emotions and the body. As is described in the class on "Bio-Communication", (1) nerve impulses from and between the Neo-Cortex and the Emotional Brain ("Limbic System"), (2) hormones released from various glands in the body, (3) neurotransmitters released within the brain (the latest neuroscience shows almost every cell in the body produces and has receptor sites for neurotransmitters), information substances released from your (4) immune system, (5) the genetic system (DNA, protein production, enzymes, etc.), our (6) "Living Matrix", (i.e. the energetic properties of our connective tissues and the electro-magnetic properties of body cells and tissues), and our (7) energetic system (Aura, Chakras) all work together, in a wonderful symphony to achieve HEALTH, a balanced function of all the autonomic (= self-regulating) systems within the body.

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## THE 3 DOMAINS OF AUTONOMIC ACTION:

- "The Social Communicator" ("smart" cranial vagus)
- "The Vigilant Guardian" (sympathetic NS)
- "The Nurturing Caretaker" (parasympathetic/ peripheral vagus NS)

### **"Smart" Vagus (Stephen Porges)**

#### "SOCIAL RESPONSE & NEGOTIATION" mode

- FIRST RESPONSE to a mild, negotiable threat.
- It regulates & modulates facial muscles. (For social expression and manipulation.)
- It is engaged in benign social situations ("smile") and in response to mild stressors.
- Biologically it is related to bonding: smile of a baby survival mechanism and "baby talk" of the mother.
- Pathology: Part of your social "mask" and its negative effects. Unwanted changes in voice & social expression.
- **Core Energetics: Social "Mask" (but can also give expressions of Higher Self like Joy, Bliss, Love, Peace, happy smile ...)**

### **Sympathetic Nervous System**

#### "FLIGHT or FIGHT" mode

- Fires the body up for ACTION of self defense: attack or run away
- Neurotransmitter: Adrenaline. (⇒ Excitation Effect)
- Activates body-mind for increased focus, alertness & mental acuity ⇒ both for defense but also positive ego: Enthusiasm, Joy, "YES!"
- Pathology: Hyper-arousal (constant "flight or fight" mode), defensiveness, attack & rage.
- **Core Energetics: "YES!"-Current. Enthusiasm. Going for it!**

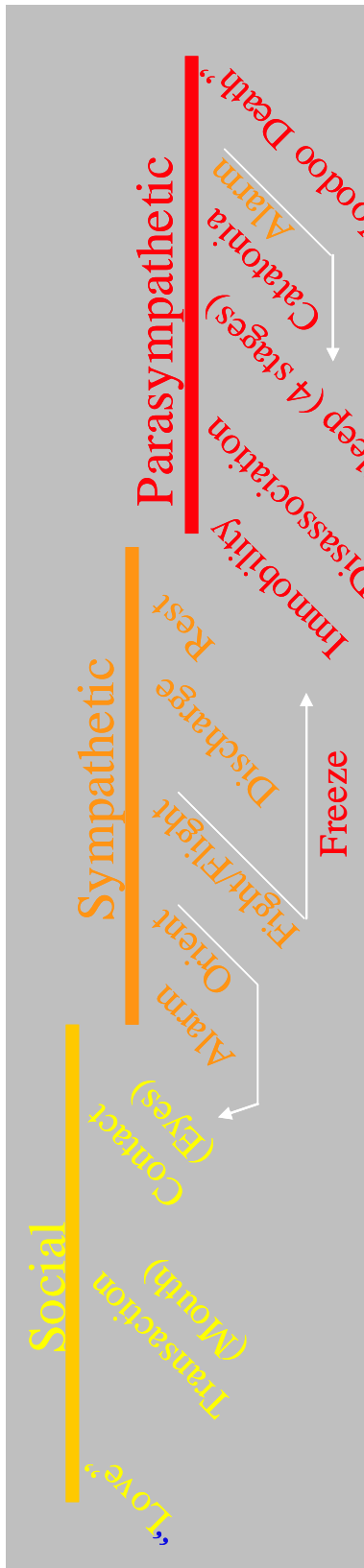
### **Parasympathetic Nervous System**

#### "REST and RESTORATION" mode

- Builds up the body through restoration, digestion & relaxation.
- Neurotransmitter: Acetylcholine. (⇒ Dampening Effect).
- Positive effect: Slows down body-mind for rest, contemplation & meditation
- Pathology: "Shut down" when overwhelmed. Depression, Apathy, desensitized withdrawal, collapse, general negativity (= Resistance).
- **Core Energetics: "NO!" Current. Resistance.**

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### THE 3 BIOLOGICAL STAGES OF TRAUMA DEFENSE

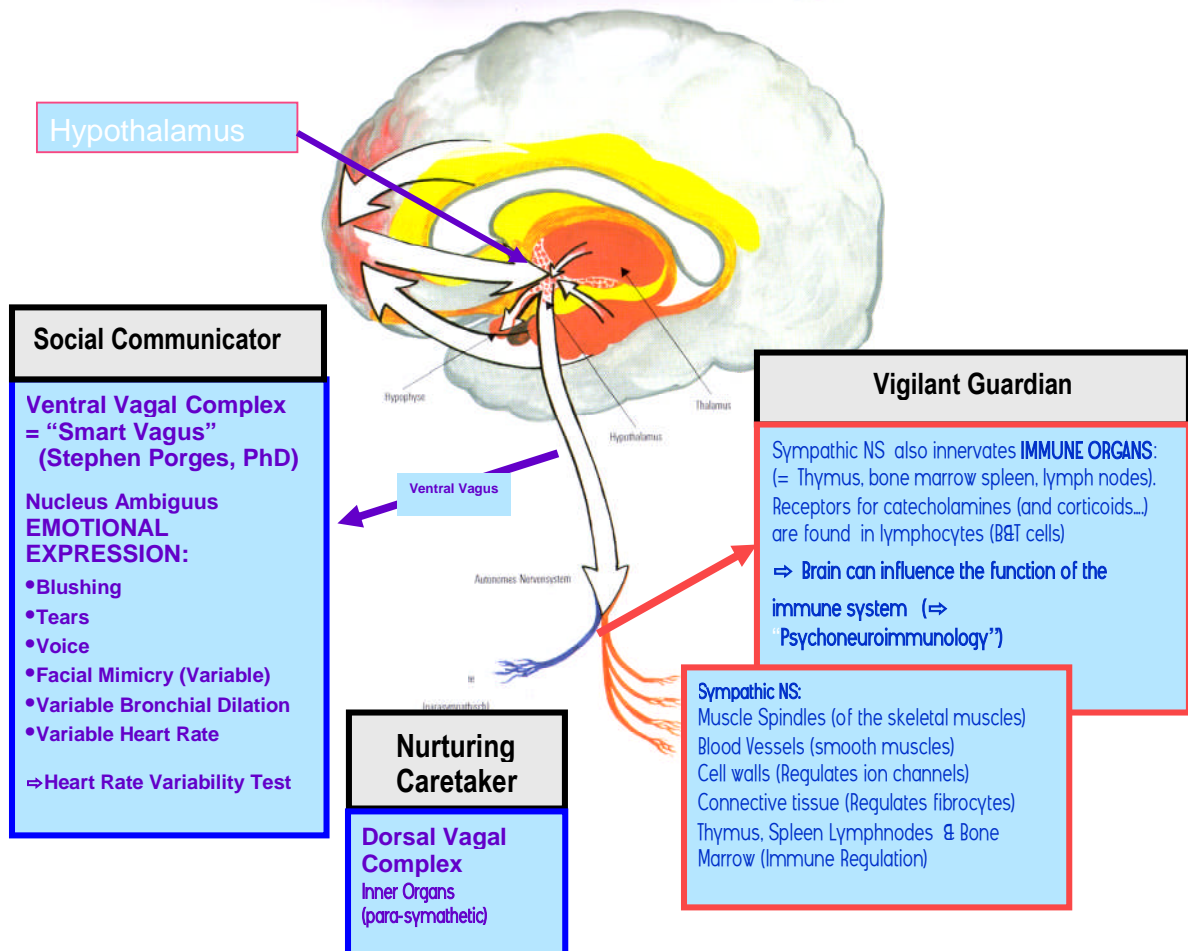
The Autonomic Nervous System acts on a sliding scale:

Starting from pleasure, love & contact (left) it activates its resources with increasing strength and consequences to the whole system (right).

Depending on the level of OUTER threat ("reality": insult & injury) and INNER threat ("neurotic" defense against perceived threat) the system goes from alarm to "fight" (assertion, aggression) to "flight" (running away, fear) to "freezing" (withdrawal, immobility, dissociation, catatonia and coma).

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# Autonomic Regulation



Based on Dietrich Klinghardt, MD "Psychokinesiologie"

**The 3 Domains of Autonomic Action:**

- "The Social Communicator" ("smart" cranial vagus)
- "The Vigilant Guardian" (sympathetic NS)
- "The Nurturing Caretaker" (parasympathetic/ peripheral vagus NS)

Based on the "Poly Vagal Theory" by Steven Porges, PhD

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## Outlook: Psychosomatics

### “Sympathicotonia” & “Vagotonia”

Sympathicotonia and Vagotonia  
are Excess Modes of the Autonomic Nervous System.  
They are created when the “Flight/Fight” or the “Withdrawal” mode is  
sustained over a very long period and connected to an internal conflict.  
**TWO very different TYPES OF ILLNESSES**  
derive from these states

#### **Sympathetic:**

“Flight/Fight” mode  
over-stimulation in AROUSAL MODE  
Withheld aggression  
Inhibition of assertive & hostile impulses

#### **Resulting Illness:**

- Cardiac neurosis
- Migraines
- Hypertension
- Hyperthyroidism
- Rheumatoid arthritis
- “Hyper”-....

#### **Parasympathetic:**

“Withdrawal” mode  
over-stimulation in REST MODE  
Vegetative retreat

#### **Resulting Illness:**

- Functional disorders of Gastrointestinal tract
- Bronchial asthma
- Fatigue states
- Ulcer (peptic)
- Constipation
- Diarrhea
- Colitis “Hypo”-.....

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