NMT UC Allergy and Adverse Inflammation Pathway - Expanded (AAIP-E)

1) transformed-from and transformed-to states of the system:

a) **TFS (transformed-from system state):** Create a brief statement that describes the subject system in terms of current undesirable conditions and behaviors. Emphasize system characteristics related to the subject matter of this NMT clinical pathway. The subject system is usually the mind-body of the person we are working with, but the concepts of any NMT pathway may be applied as a lens through which to observe and transform any system, e.g., we might view the conditions and behavior of some corporation or business through the lens of any NMT clinical pathway. Static MRT (muscle response test) for the total system burden (TSB) that this state seems to the body as a $\log_{10}1000$ metric.

b) **TTS (transformed-to system state):** Create a brief statement that describes the subject system in an idealized, perfected, healed, and transformed state, with emphasis on characteristics related to the subject matter of this NMT clinical pathway. Static MRT for the TSB (total system burden) that this state seems to the body as a $\log_{10}1000$ metric.

c) Apply the following UCS (universal correction statement) with the intention to resolve any IFs (information faults) that may constitute an obstacle to manifesting the intended transformation: **"Shall the mind-body now: Project its awareness, attention, belief, and intention into all times and dimensions of the undivided universal field of consciousness and identify, accept, and release attunement to all events, IFs, and IFs-h (IFs that hide subject IFs from awareness) that compromise awareness of, or define into existence, the transformed-from system state? <MRT-S-a>, "Or, that cause this transformation to seem dangerous, undeserved, or impossible to achieve? <MRT-S-**

a>, "Create awareness, acceptance, attunement, and belief of all corrective events and TrIQs (transformative information quanta) to define into existence the transformed-to system state? <MRT-S-a>, "Create the intention to collapse the quantum potential of the field's reality quanta to manifest this transformation? <MRT-S-a>, "Create optimal attunement and coherence to the source of creation, innate intelligence, and the consciousness of healing and accept the role of co-creator of all experienced reality, NOW?" <MRT-D-c>.

2) **"Shall the mind-body now: Project its awareness, attention, belief, and intention into all times and dimensions of the undivided universal field of consciousness and efficiently survey subject system conditions related to the following queries? <MRT-S-a>, "Identify, accept, and release attunement to all events, IFs, and IFs-h** (IFs that hide subject IFs from awareness) **that define into existence the transformed-from system state? <MRT-S-a>, "Or, that cause this transformation to seem dangerous, undeserved, or impossible to achieve? <MRT-S-a>, "Create awareness, acceptance, attunement, and belief of all corrective events and TrIQs to define into existence the transformed-to system state? <MRT-S-a>, "Create the intention to collapse the quantum potential of the field's reality quanta to manifest this transformation? <MRT-S-a>, "Create optimal attunement and coherence to the source of creation, innate intelligence, and the consciousness of healing and accept the role of co-creator of all experienced reality, NOW?" <MRT-D-c>,** Hold this MRT intention for each section that follows. Refresh this awareness and intention with each MRT pulse. The dynamic MRT end point signals that the survey is complete, awareness is optimal, and this transformation is to be informationally realized.

"Shall the mind-body now allow optimal awareness and correction of the following conditions with attention to CNS, Autonomous NS, and cell and cell network information processing?": (autonomous N.S. = Sympathetic N.S., Parasympathetic N.S., Enteric N.S., Autonomous N.S. of the spinal cord, Autonomous N.S. of the spinal cord, Autonomous N.S. of the spinal cord, Autonomous N.S. of the heart, Lymphatic-Immune Information Processing System)

a) “Conditions of mind-body orientation in present-time and present-space consciousness?” <MRT-S-a>, “Conditions of NMT practitioner – client therapeutic entanglement, mind-body dialog and response?” <MRT-S-a>, “Present-time awareness and autonomic response to environmental conditions of danger, safety, and opportunity for beneficial social engagement?” <MRT-S-a>, “Optimize present-time-space orientation, therapeutic entanglement, mind-body awareness, signaling dialog, and response and attunement to all TrIQs and corrective events required to manifest the transformed-to system state as experienced reality?” <MRT-D-c>,

b) **“Adverse mental and emotional posturing that contributes to the transformed-from system state with attention to: Pathophysiologically anchored or inappropriate emotional, psychological, spiritual, or intellectual tone or mode of the mind-body?” <MRT-S-a>, "Any pathophysiological trance state?” <MRT-S-a>, “Any adverse interpersonal or other entanglement or enmeshment that distracts from present-time consciousness?” <MRT-S-a>, “Habituation to a catabolic HPA axis stress mode?” <MRT-S-a>, “Adverse morphic field attunement to any exogenous consciousness entity that distracts from present-time consciousness?” <MRT-S-a>, “Optimize conditions of the sovereign H/M-M in this regard for optimal therapeutic efficacy to manifest and maintain the TTS?” <MRT-D-c>,**

c) “H/M-MB awareness of the cellular innate immune system as the first-line defender against pathogens, toxins, and pathological self-chemistries, and the systemic acquired immune systems as second line defender?”<MRT-S-a>, “The presence on H-MB cells of germ-cell line encoded cell membrane-bound and endosome membrane-bound pattern recognition receptors (PRRs) that serve as molecular sensory end organs (SEOs) of variable sensitivity threshold, generating sensory data that informs cell intelligence distinction of self from non-self molecular signature patterns and to signal a “dose-appropriate” immune molecular motor response to any sensed

antigens?”<MRT-S-a>, “Innate immune activation by any chemical, toxin, or pathogen that breaches H/M-MB physical barriers (skin and mucous membranes) and activates PRRs of antigen presenting cells (APCs) – dendritic cells, monocytes, and macrophages, which respond by presenting protein or peptide epitopes of encountered infectious and allergic antigens (or dangerously diseased H/M-MB cells) on their cell membrane surface to inform and activate the immune responses of B cells, T cells, or other neuroimmune cells they signal to?”<MRT-S-a>, “The sensitivity of the innate immune molecular SEOs, the PRRs, to recognize signature molecular patterns of allergens, damaged and diseased tissues, molecular consequences of lifestyle, pathogens, and self (AAMPs, DAMPs, LAMPs, PAMPs, and SAMPs) and to weigh the risk-reward opportunities those exposures present?”<MRT-S-a>, “The signaling of innate immune responses and acquired immune responses (Th1 cellular and/or Th2 humoral) against molecular patterns recognized as a threat?”<MRT-S-a, “The potential for DAMPs, PAMPs, AAMPs, and LAMPs representing legitimate antigens to also behave as adjuvants that stimulate a cross-reactive immune response against benign exogenous or endogenous chemistries that are otherwise not antigens and to induce the misdirected allergic or autoimmune inflammatory targeting of those chemistries?”<MRT-S-a>, “Optimize the sensitivity threshold of all PRRs molecular SEOs to AAMPs, DAMPs, LAMPs, PAMPs and SAMPs and the threshold of response of all molecular motor end organs (MEOs) of the immune system to produce timely, appropriate, and proportional immune responses and to eliminate allergy and autoimmune inflammation immune targeting of benign exogenous and endogenous chemistries?”<MRT-D-c>, “Optimize the molecular level sensory-motor feedback system of innate immunity and acquired immunity to create timely, appropriate, and proportional protective immune responses to legitimate chemical and pathogen threats?”<MRT-D-c>, “Survey neuroimmune cell memory and recognize all cross-reactive allergic or autoimmune responses to benign substance that have been mistakenly generated and maintained in memory?”<MRT-D-c>, "Access and destabilize all LTM representing pathophysiological immune cell memory

into destabilized STM form, modify it to be congruent with present-time circumstance, and reconsolidate it to LTM in a form that forever uncouples association of any AAMPs, DAMPs, LAMPs, and PAMPs with benign exogenous allergens or SAMPs representing endogenous allergen/autoimmune chemistries to terminate such adverse inflammatory targeting?"<MRT-D-c>,

APCs – antigen-presenting cells = inflammatory myeloid cells and dendritic cells (DCs).
AAMPs – allergen-associated molecular patterns
DAMPs – damage/danger-associated molecular patterns
LAMPs – lifestyle-associated molecular patterns
PAMPs – pathogen-associated molecular patterns
SAMPs – self-associated molecular patterns
PRRs – consist of membrane bound Toll-like receptors (TLRs) and C-type lectin receptors (CLRs) class, and free cytoplasmic-type receptors retinoic acid-inducible gene I (RIG-I)-like receptors (RLRs) and nucleotide-binding and

d) "Any compromise of awareness of the integrated arms of the neuroimmune system and their role in hypersensitivity, adversely increased sensitivity and reactivity to perceived antigens, including toxins?" <MRT-S-a>, "The innate immune system of every cell, the first line of immune defense, triggered by invading virus or toxin triggered "electron steal" producing an adaptive cell danger response defensive cytoplasmic oxygenation state?" <MRT-S-a>, "The role of the innate immune system to recognize biologically significant peptides or other pathogen and toxin antigen chemistries and present them on the host cell membrane to inform an efficient adaptive immune response?" <MRT-S-a>, "The categories of acquired immune responses: Type I hypersensitivity reactions - immediate allergic reactions of prior-sensitized cells, e.g., food and pollen allergies, asthma, anaphylaxis. Type II hypersensitivity reactions - tissue specific cytotoxic, cross-reactive and cell destructive antibodies (e.g., autoimmune hemolytic anemia, Goodpasture syndrome), Type III hypersensitivity - tissue damage caused by antigen-antibody complex deposition (e.g., many vasculitides and glomerulonephritides), Type IV hypersensitivity reactions (e.g., TB skin tests, contact dermatitis, systemic heavy

metal hypersenitivity) – delayed, cell-mediated, only response involving sensitized T lymphocytes rather than antibodies, including pseudoallergies – initial exposure activation mast cell of unsensitized mast cells?" <MRT-S-a>, "The potential for hypersensitivity responses to toxins to multiply the biological impact of any toxic load (Type IV heavy metal hypersensitivity by 10X per Chris Shade) ?" <MRT-S-a>, "Optimize H/M-MB awareness of the spectrum of neuroimmune resources and create an integrated, timely, appropriate, and proportional organization and management of H/M-MB neuroimmune physiology?" <MRT-D-c>,

e) "Any compromise of awareness of the cellular apparatus for protein translation of any mRNA positioned upon cell ribosomes and rough endoplasmic reticulum, causing synthesis of the protein signified by that mRNA and its packaging for distribution by the Golgi complex?" <MRT-S-a>, "Potential protein synthesis from normal cell RNA, from the RNA of cancerous or otherwise diseased cells, and from viral RNA?" <MRT-S-a>, "The proteasome structure in the cytoplasm through which all translated proteins are passed and the resulting fragmentation of a small portion of each specific translated protein molecule into peptides characteristic of the protein from which they were cleaved?" <MRT-S-a>, "Host cell behavior to present each such peptide as an epitope attached to a cell membrane major histocompatibility complex protein (MHC) and constituting a record of all present-time host cell proteins production (human or viral)?" <MRT-S-a>, "T-cell monitoring and awareness of every body cell, and cell membrane presented host cell proteins and their significance representing normal cells, diseased cells, or viral infected cells, and T-cell coordination of an optimal immune response to viral infected, malignant, or severely diseased cells, and sparing of normal host cells?" <MRT-S-a>, "Proteasome fragmentation of a small percentage of all cell synthesized proteins into peptides representing the "parent" proteins, displaying those peptides to patrolling T-cells and other immune cells, and in the case of viral infection to represent both external viral proteins and those enfolded into the virus package of infected host cells?" <MRT-S-

a>, “Optimize cellular mechanisms of molecular level sensory-motor physiology to present characteristic peptides to the adaptive immune system to direct an efficient response to viral infection, and to trigger apoptosis in cells whose peptide signatures indicate the cells is a threat to the body, and to direct reparative and protective behavior toward injured host cells?” <MRT-D-c>,

f) "The sensory, motor, and vasculomotor components of sympathetic, parasympathetic NS - note vagus n. X, and LIIPS NS that serve the respiratory, GI-biliary (with enteric NS) tracts and dialog with neurological and immune system structures and networks and engage in broadcasting and receiving signal from flora and pathogen microorganisms resident on the mucous membranes, skin, lymphatic system, and ductal structures of the body?” <MRT-S-a>, “Dendritic cells and macrophages that move about the skin dermis and the mucosal layer of the respiratory, GI-biliary and genitourinary tracts and extend pseudopod projections between their epithelial cell junctions to sample contents of the tract lumen and report its chemical analysis to CNS, ANSs, and immune structures?” <MRT-S-a>, “The integrated relationship of respiratory, GI-biliary and genitourinary tracts and skin epithelial and dendritic cells’ PRRs for recognition of AAMPs, DAMPs, LAMPs, PAMPs and SAMPs, and the resultant dendritic cell messaging via second-messenger downstream signaling pathways to the host cell nucleus causing production of cyclic adensosine monophosphates (cAMPs), chemical motor signaling agents directed to other immune cells to modulate immune response?”<MRT-S-a>, “cAMPs molecular motor signaling to cells of the immune system to induce Th1 cellular and/or Th2 humoral responses appropriate to circumstances, triggering pro-inflammatory (sometimes anti-inflammatory) effects on the various germ-cell lines of the acquired immune system?”<MRT-S-a>, “H-MB and M-MB neuroimmune priming of the microglia or other cells that triggers inappropriately violent and self-tissue destructive neuroimmune responses to any AAMPs, DAMPs, LAMPs, PAMPs and SAMPs?” <MRT-S-a>, Awareness of all axes of cell and tissue immune dialog and

response involving the following axes: Gut – Microbiome, Gut – Brain, Gut – Skin, Gut – Lung, Gut – Liver, Gut – Thyroid, Gut – Pancreas, Gut – Endocrine and awareness of the meaning and significance of immune status data generated there?" <MRT-S-a>, "Optimize the cell signaling, energetic, and biochemical dialog among the CNS, ANSs, all FNNs, microorganism populations of all colonized tissues, and all immune-body to eliminate self-injurious immune responses and produce timely, appropriate, and proportional immune defenses?" <MRT-D-c>,

g) "The presence of a H/M-MB lifetime historical archive of immune system memory, produced and maintained in present-time compatible form by the cell memory operations of encoding of short-term memory (STM), consolidation of STM to long-term memory (LTM), and memory maintenance operations represented by the access of LTM, destabilization of LTM into STM subject to the influence of current circumstance, and the reconsolidation of the modified STM into LTM of present-time congruent form?" <MRT-S-a>, "Apply the context informed by the lifetime historical archive of immune system experience to survey all active and memorialized inflammatory routines, with attention to allergy, hypersensitivity, detoxification, pathogen control, and microbiome regulation?" <MRT-S-a>, "Access and destabilize those cellular memories representing inefficient or self-injurious immune responses, modify them congruent to present-time conditions, and reconsolidate them to stable LTM form to drive optimally efficient neuroimmune physiology?" <MRT-D-c>,

h) "The spectrum of allergy and chemical hypersensitivity responses involving different elements of the immune system: IgE antibody allergic responses (classic) – immediate and may be anaphylactic via IgE triggering mast cell and basophil histamine release?" <MRT-S-a>, "Non-IgE mediated (IgG, IgM, IgA) – characterized by an immune response not involving IgE; onset delayed hours or days?" <MRT-S-a>, "Hybrid IgE and/or non-IgE-mediated response (IgG, IgM, IgA)?" <MRT-S-a>, "Create perfectly integrated, timely, appropriate, and proportional immune response to all inhalant, ingestant, contactant, and injectant exposures and self-chemistries for

robust immune defense, and to eliminate all allergy, hypersensitivity, and autoimmune responses?" <MRT-D-c>,

i) "Any hypersensitivity responses involving different elements of the immune system: IgE antibody allergic responses (classic) – immediate and may be anaphylactic via IgE triggering mast cell and basophil histamine release?" <MRT-S-a>, "Non-IgE mediated (IgG, IgM, IgA) – characterized by an immune response not involving IgE; onset delayed hours or days?" <MRT-S-a>, "Hybrid IgE and/or non-IgE-mediated response (IgG, IgM, IgA)?" <MRT-S-a>, "Create perfectly integrated, timely, appropriate, and proportional immune response to all inhalant, ingestant, contactant, and injectant exposures and self-chemistries for robust immune defense, and to eliminate all allergy, hypersensitivity, and autoimmune responses?" <MRT-D-c>,

j) **"All exogenous and/or endogenous substances that are the subject of allergy , hypersensitivity, or autoimmune inflammation?" <MRT-S-a>,** *(Optionally, use the AAIP-E Worksheet to record indicated allergens and to measure and record the log_{10} 1000 TSB for items of interest.)* Make references that bring to awareness inappropriate targets of immune system attack. These may be generic and categorical, or we may specify particular substances or structures, refer to times and places of exposure or onset of symptoms, or we my use gesture to bring awareness to anatomical areas of exposure or which are symptomatic**.** The AIIP Worksheet may be used to more conveniently identify and record findings.

- **i) Any inhalant in exposure history** (or specific time/place of exposure)**?" <MRT-D-a>**
- **ii) Any ingestant in exposure history** (or specific time/place of exposure)**?" <MRT-D-a>**
- **iii) Any contactant in exposure history** (or specific time/place of exposure)**?" <MRT-D-a>**
- **iv) Any injectant in exposure history** (or specific time/place of exposure)**?" <MRT-D-a>**

v) Any microorganism and their chemistries in exposure history (or specific time/place of exposure)**?" <MRT-D-a>**

vi) Any endogenous structure or chemistry of the mind-body?" <MRT-D-a>

- Reference any specific tissue system, organ, structure, or chemistry.
- Reference any category of tissue – muscle, tendon, cartilage, bone, etc.
- Reference any category of chemistry – hormone, neurohormone, enzymes, receptors, cell membrane, etc. Possibly add other specifications such as "stress hormones and neurotransmitters", "all enzymes related to digestion", or other description that seems useful.
- Reference tissues or chemistries by symptoms. E.g., "all tissues and chemistries related to arthritic inflammation of the knees.", "all nervous and endocrine system chemistries related to autism."

k) "Perpetually survey and create awareness of all LTM neuroimmune memory and of collective memory of the undivided unified morphic field commemorating all successful strategies by which other humans or non-humans have resolved allergy and adverse inflammatory behaviors?" <MRT-S-a>, "Survey all active and memorialized inflammatory routines, with attention to allergy, hypersensitivity, detoxification, pathogen control, and microbiome regulation?" <MRT-S-a>, "Access this LTM, destabilize it to malleable STM form congruent to present-time conditions, and reconsolidate this modified STM to stable LTM form to inform optimally beneficial neuroimmune physiology?" <MRT-D-c>,

3) "Shall the mind-body now: Project its awareness, attention, belief, and intention into all times and dimensions of the undivided universal field of consciousness and identify, accept, and release attunement to all events, IFs, and IFs-h (IFs that hide subject IFs from awareness) **that define into existence the transformed-from system state?" <MRT-S-a> Or, that cause this transformation to seem dangerous, undeserved, or impossible to achieve? <MRT-S-a>, Create awareness, acceptance, attunement, and belief of all corrective events and TrIQs to define**

into existence the transformed-to system state?" <MRT-S-a>, Create the intention to collapse the quantum potential of the field's reality quanta to manifest this transformation?" <MRT-S-a>, Create optimal attunement and coherence to the source of creation, innate intelligence, and the consciousness of healing and accept the role of co-creator of all experienced reality, NOW?" <MRT-D-c>. Refresh this awareness and intention with each MRT pulse. The dynamic MRT end point signals that the survey is complete, awareness is optimal, and this transformation is now informationally realized.

4) Optionally: **"After fully applying the therapeutic intention of this correction, mind-body projection of the TSB metric for the TFS is $\log_{10}$1000 L- ___?" <MRT-S-a>,**

a) If the resulting projected TSB is not acceptable: **"Would it be of benefit to now reapply the therapeutic intention of this correction 1000 times in the next 10 seconds?" <MRT-D-c>.** If yes, make a correction, holding this intention and reapplying the UCS.

b) Recheck the question, **"After fully applying the therapeutic intention of this correction, mind-body projection of the TSB metric for the TFS is $\log_{10}$1000 L- ___?" <MRT-S-a>. If MRT suggests it would be of value, make the correction again. "Would it be of benefit to now reapply the therapeutic intention of this correction 1000 times in the next 10 seconds?" <MRT-D-c>**, and so on, until an acceptable level of correction has been reached.