LIFE

Reflections On
(Expanded, Revised & Corrected in Part)

What it is,

How it developed/develops,

How it processes to death
(but possibly need not do so indefinitely),

What it tells about our universe

by

Eva Cary Nason

This book is dedicated to
my mother,
my children,
the fathers of my life,
my friends and neighbors,
and all those
who have wanted to understand.

To know all the parts of one's body
gives the possibility of determining
the equality of
its mirror-imaged parts.
Eva Cary Nason
February 17, 2017
December 31, 2024

Author's Note**:**

In the 2017 copyrighted version of this work, there were several serious errors in the Part 4 Table. The present work attempts to correct the 240-page Table as well as make various revisions and other corrections. However, portions of the work, in particular Part 2 and Part 6, have not been able to be altered at this time but remain as being integral to the process of creating the original work.

Many insights growing out of the original work have accrued during the seven intervening years, and these became the Epilogue, which quite obviously needed to precede the original work. Thus, there is an Epilogue as Prologue providing the fun of remembering the Roman numeral system (**for PDF numbering, see Table of Contents)**. For anyone interested, by reading Pages v, vi, xvi and the first two paragraphs on lxv, there will be provided the base for my proposal throughout this work that the cognizant human being quite likely has the ability to avoid the diseases and aging which lead to what I have had to conclude is the ultimate cause of death.

The program to be followed, based on the Tables of this book, is, in these initial stages, a very laborious one of refashioning one's body to breathe in a completely unaccustomed way, probably requiring at least a year of attention to one's manner of breathing. Now that I am finally placing this expanded, updated work on my Webpage, it is my hope to prepare for publication a copy of the year-long, day-by-day program for achieving the proposed refashioning of the human body which could possibly dispel disease and aging. The insights leading to the impetus for such a program are largely to be found in the Last Part of the Epilogue as Prologue, Page lxi (**PDF 61)** entitled "A Treatise on How the Human Body (Possibly) Actually Works."

Regrettably, there are a few small, irksome errors in the Tables which will not be fixed at this time, such as any reference to gonads, which should be changed to vagina/penis, as well as several places where the body of mandible and ramus of mandible are not properly identified as the centers of gravity, as on Lines 30 and 43 on Pages xxxvi, xlii, xlviii, liv and lx. Possibly these shall be notated at a future date on an Error Page on my Webpage to precede the day, perhaps coming at a faster and faster rate, when we will understand so much about how our universe works that I can correctly rework my entire work!

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Epilogue as Prologue - 1st Part
Decussation of Pyramids

Application for copyright of the first version of this book (granted) was made on February 17, 2017 (www.evacarynason.com Original PDF). The present version of the book has undergone many corrections, some revision and the addition of this beginning section for which the corrected Original Book now serves as reference.

It was only on September 5, 2020 that I became familiar with the word, decussation, which appears in an anatomy book as the "Decussation of Pyramids."

The relevance of this structure, which appears to connect the two gracile fasciculi of the medulla oblongata in the brain below the pons, to much of that which is in the pages of this book impressed me as so great that I knew I must include a summation of its relevance in this edited, largely corrected version of my February 17, 2017 book and place it in a position of prominence. Thus, it becomes the first part of the introduction to the book itself.

Decussation is (1) the action of crossing (as of nerve fibers) especially in the form of an X**;** (2) a crossed tract of nerve fibers passing between the centers of opposite sides of the nervous system (from Merriam-Webster).

When I became aware of the body's structure referred to as the Decussation of the Pyramids, I quickly suspected the extraordinary sensation I've experienced for so long, intermittently since that first time in the early 2000s, and now much of the time, when I've most thoroughly "properly aligned" my body parts to one another (a primary subject of this book along with broad speculation on implications) was the result of my "inactivating" the Decussation of the Pyramids, that is, of unwinding the X, the crossed nerves.

Thus, I experimented, assuring that I had the sensation throughout my body of being "properly aligned" and then allowing myself to experience its levels of sag. It was immediately clear that proper alignment created the sensation of continuity of feeling from brain down through body all along one side of the body and likewise for the other side. However, as soon as I began allowing sag away from proper alignment, there was sensation of continuity of feeling now extending from brain on one side of body to lower body on the other side and vice-versa.

So, that was it?!? All these years since the early 2000s, when I experienced those first moments of the extraordinary sensation associated with breath cycles based on what I thought then were intake/body-extension and output /body-flexion (see Page 422), were giving me occasions of my having un-decussated the nerve fibers joining my brain and body?

For some years I have been convinced the result of proper alignment of my body, which I can now refer to, in part, as un-decussating the brain-to-body nerve fibers, is that my body becomes arranged to be able to use its mirror-imaged design to allow for gravitational energy use for its functioning, thus no longer needing to use voltage-gated ion channels for electrical energy and/or ligand-gated ion channels for chemical energy, our likely paths to aging and death as will be discussed in several of the parts of this Epilogue as Prologue which follow.

So now I had a conundrum. Why the switch, why the crossing when our bodies sag out of alignment?

I conceived the vision of a seesaw serving as my example of gravitational energy use. I sink to the ground on one side, lifting the other side.

Then, I consider a situation in which the lifted side is sawed off at the pivot. Now, how is it to be lifted if lift is needed?

I envision a forklift as doing the job, powered by means of electrical energy provided by a

battery or chemical energy provided by fuel directly (or mechanically if two humans lift it!) However, what could possibly be the parallel in the human body that causes decussation?

I suspected I was beginning to see my way. When connection between the mirror-imaged sides of the body begins to be disrupted by sag out of proper alignment of the one side to the other (my having discovered there are three sets of these sides, with accompanying structures, to represent the three spatial dimensions, see Tables, Pages xxxi-lx and/or Pages 117-356), the side of the brain that is on the side of me that sinks down to lift the other side must surely remain responsible for causing the lift to happen. If the connections between two sides of my body are disrupted so that my sinking on one side can have no effect on the other side, then, when my brain on the sinking side still intends for there to be rise on the other side, I hypothesize, over the eons, it developed ion channels (ligand-gated) which could utilize chemical energy to take the place of the cut-off direct connection between my two sides which had allowed gravitational energy (in seldom-used optimal functioning) to do the job. These ion channels, then, are effecting movement on the opposite side of the body as directed by the brain on the side which has the instruction to do what is necessary to use gravity in sinking the one side in order to lift the other but which can no longer do so because the other side has been cut off from the sinking side. Thus, there occurs decussation, and it happens when disruption to the connection between the mirror-imaged sides of the body is so complete as to require the use of ligand-gated ion channels. In the situation of non-complete disruption to the connection such that decussation does not occur, but there is imbalance to the mirror-imaging, then electrical energy use by means of voltage-gated ion channels for the imbalanced side will be called on. (See last article in this section on Page lxi, "A Treatise on How the Human Body Actually Works.")

I have read that no adaptive benefit of decussation has been established and, as well, have seen reference to decussation as being one of the great mysteries of the brain.

If my ~30 years of work in attempting to determine for myself how the body works has brought me in any way to demystifying decussation, I keep before me the greater mystery of how the brain fits into the greater scheme that says it should be so determined to have my body sink to the ground in order to lift the other side that when there is disruption to the basic connections between the two sides, then there will grow ion channels from the brain-directing side to the cut-off side so that non-gravitational energy can do the job. Why does the universe really need/want the cut-off side of any body to do this or that to the extent that it will do what is necessary for it to happen for my descendants somewhere down the line?

Am I not, then, back to my initial question of 30 years ago, why do we exist at all?

*Toward the end of this book on Page 469, for which this is the "Epilogue as Prologue," there is a table, derived in 2019, showing connections of brain structures to body structures which are perhaps relevant to the ability of the body to function as it does in a world of spatial dimensions, with an over-seeing Time dimension. The table has the following name**:**

Table of Head/Body Mid-Brain Links for Scaffolds of Bodily Structures

Epilogue as Prologue - 2nd Part
Posterior and Anterior Longitudinal Ligaments

There are many facets to the concept of human functioning presented in this book. The book's author has concentrated on different facets at different times. In Manuscript II of Part 6 of the book itself, there was much concentration on the posterior and anterior longitudinal ligaments of the body with reference to the ultimate importance of the crista galli. After this period of concentration, the author moved on to other considerations.

During the writing of the various sections of this Epilogue/Prologue, there was reason for the author to re-visit her former concentration on the posterior and anterior longitudinal ligaments. She was so struck by the reminder to her of the enormously important role they play in the body - and that they provide an additional manner of optimally aligning the body to others that will be discussed - that there came to her a dream concept of how to present their importance **. . .**

The dream concept began with the following possibility**:** when human beings developed lungs and the ability to breathe into them, they could not know they were on a path that would eventually lead to inevitable death for them. It is likely that the initial ability to let breath go to developing lung segments was by way of a channel through the hard palate, the incisive canal. There came a time in which there developed soft tissue structure at the back of the hard palate, which would be the soft palate, and this could separate itself from the back wall of the pharynx and lower to allow breath in the nasal chamber to escape down this tract extending from the back of the oral chamber we call the pharynx. This breath could then traverse to the lungs and became the normal way that inhaled breath went to the lungs and then returned by the same route as altered exhaled breath to be expelled from the nasal chamber.

However, these developing humans would not have guessed that their manner of breathing by way of a lowered soft palate allowing breath to go and come from the lungs by way of the open nasopharynx was going to contribute to the breaking up of the puzzle which is our universe.

The author's dream concept continued with the notion of our universe being an unfathomably large puzzle. It appeared to be a puzzle made up of puzzle pieces which are themselves puzzles.

It also appeared that if each of the puzzles which make up the puzzle pieces of our universe exists broken up into its pieces, then this universe puzzle piece can play no role in fitting into the universe puzzle to make a put-together universe.

However, so long as each of the puzzles, which has the potential to serve as a puzzle piece of our universe (e.g. a living creature) continues to have life, it can intermittently piece itself together to be a completed puzzle to fit into the universe puzzle. The opportunity for doing this occurs with each breath cycle.

Now there could be seen the terrifically important roles of the posterior and anterior longitudinal ligaments and the crista galli.

When the posterior longitudinal ligament, which runs up the back of, and attaches to, the vertebrae of the spinal column, has the appropriate upward tension in it and the appropriate configuration of its fibers in regard to the rest of the body such that the peak of the ethmoid bone, called the crista galli, has achieved its maximum "upright" position, then, the dream concept was indicating, all the puzzle pieces which form a particular living creature puzzle fit together to make a puzzle piece that can fit into a universe puzzle.

It is during the inhalation phase of a breath cycle in which there is possibility of achieving the put-together condition of a living creature because it is in the inhalation phase in which the

posterior longitudinal ligament has the most likely opportunity of having the appropriate upward tension and configuration of its fibers to allow the crista galli to achieve its maximum upright position. This will occur in situations that cause the mandible (the jaw) to relax to spread itself outward and upward enough so that the jaw's condylar process fits securely in the mandibular fossa in front of the ear, resulting in the otherwise uncommonly achieved elevation of the soft palate sufficient to close access of the nasal cavity to the pharynx. This is brought about when people are really happy and significantly smiling or maybe when a person is involved in certain kinds of exercise, etc.

The all-important positioning of the crista galli is not likely often to maintain its maximum upright position throughout a breath cycle because, as the author's dream concept was telling her, it is likely that all humans have a default position of a lowered soft palate which allows breath to go to and come from the lungs by way of the pharynx. A lowered soft palate implies the lowering of the basilar part of the occipital bone over the top of which the thrust of the upward tension of the posterior longitudinal ligament must traverse in order to play its role in aligning the crista galli. A lowering of the basilar part of the occipital bone results in a lowered anterior longitudinal ligament. The anterior longitudinal ligament attaches along the front of all the vertebrae and hooks in to the under side of the basilar part of the occipital bone. The story of my dream concept progresses slowly now toward the pivotal role to be played by the anterior longitudinal ligament. However, the posterior longitudinal ligament will emphasize again its overriding role in determining the manner in which its human will function.

If a person, during inhalation, is in a situation providing maximum upward tension to the posterior longitudinal ligament as well as proper configuration of all its fibers due to a properly straightened spinal column, neither flexed nor extended in any of its length, then the dream-concept was proposing that the person as a puzzle piece in the great universe puzzle is, in that moment, put together as a completed puzzle to serve as a useable puzzle piece in the universe puzzle. However, it was being further proposed that this situation is always very ephemeral because it can only exist so long as there is maximum upward tension in, and proper configuration of, the posterior longitudinal ligament to organize all the vertebrae to which it attaches to pull their parts to fit together in such a way as to make a completed puzzle.

Thus, during inhalation, there would be the possibility of the proper tension in and configuration of the posterior longitudinal ligament being created to affect the connecting structures along the top of the basilar part of the occipital bone, proceeding on to the crista galli, such that elevation occurs in the basilar part. The dream concept comes at last to the anterior longitudinal ligament because elevation of the basilar part of the occipital bone, as indicated by the level of tension of the posterior longitudinal ligament, would carry upward the anterior longitudinal ligament. So long as there is maintained the upward pull on the front of the vertebrae due to the elevation of the anterior longitudinal ligament, corresponding to the upward pull on the back of the vertebrae due to the upward tension on the posterior longitudinal ligament to yield a spinal column subject perpetually to neither extension nor flexion, then the vertebrae can bring the parts of the body into their most universe-friendly alignment.

However, it is likely that the universal default position of a lowered soft palate will always come into play during exhalation in order that exhaled breath will be able to exit the body through the nose or mouth by way of the nasopharynx or oropharynx. Due to connections of structures such as the ethmoid bone, vomer bone and others, when the soft palate lowers, the basilar part of the occipital bone will necessarily lower causing the anterior longitudinal ligament to lower. When this occurs, the vertebrae, to the front of which the anterior longitudinal ligament attaches,

cannot maintain the upward position corresponding to that which had possibly been achieved by the upward pull on the back of the vertebrae due to the upward tension in the posterior longitudinal ligament. There will now be a downward tilt to the front of the vertebrae as the next breath cycle begins, or an overall lowered positioning of the vertebrae from the one that might have been previously achieved, if now the posterior longitudinal ligament has lost its upward tension and accommodates its effect on its attachments to the back of the vertebrae to approach that of the effect of the lowered anterior longitudinal ligament on its attachments to the front of the vertebrae.

The situation is that every inhalation and exhalation requires straightening of the complete spine away from extension or flexion of any of its parts if there is to be optimum alignment, and this isn't possible unless the soft palate maintains closure of the nasal chamber throughout a breath cycle in order that the basilar part of the occipital bone has a chance of remaining maximally elevated which is necessary for the crista galli to be maintained in its maximum upright position, possibly allowing it to point in the re-constituting direction of the universe toward which, according to the author's dream concept, the next breath cycle will carry the body.

The extent to which the body is optimally aligned at the end of a breath cycle preparatory to a next cycle in an optimally aligned body can be felt in the degree of upward tightening in the central groin area due to upward pull on the pyramidalis muscle and the three parts of the rectus abdominus muscle because of maintenance of upward pull on the anterior longitudinal ligament by maintenance of an elevated basilar part of the occipital bone responding to the upward tension in the posterior longitudinal ligament.

In the arrangement of the body which is being described in this Epilogue/Prologue, it can be seen that the body's breath cycles have the possibility of serving as a ratcheting mechanism for carrying the body always in the same direction. This will not be in the direction of any uneven pull on the body by earth's gravity. It is in this way that a person will be able to do that which the author proposes elsewhere in this Prologue that a person can do which is to "separate himself from the earth mass . . . allowing him . . . to be subject to something other than the earth's uneven pull on him for his functioning," this something referred to as universe gravity. The author proposes the possibility that our universe is a system of Russian-type nesting doll systems (galaxy clusters, galaxies, solar systems, living creatures . . .), all of which function similarly, each probably having the capacity to be dark matter whenever that functioning is devoid of uneven pull on it by the system of which it is a part.

Epilogue as Prologue - 3rd Part
The Human Body and Black and White Holes

For all these years of attempting to make connections of bodily structures and understand the implications of these connections which I, the author, believed were not known, my concentration has been on determining what the optimum manner of functioning of a body would be. There has been only cursory attention to the various actual manners of functioning in which I was concluding bodies engaged because, always, whatever these manners were, seemed to be a quagmire of dysfunction which, so far, resulted in inevitable death.

Quite recently, I (the author) have become aware of a very speculative cosmological concept regarding the existence of White Holes as contrasted to Black Holes, which, in the construct I had long been forming for optimum human functioning, helped click into place the recent series of concepts tumbling into my consciousness, a number of which clearly showed the paths to bodily dysfunction. White Holes await further reference until toward this 3rd Part end!

In the 5th Part of this Epilogue/Prologue, I have written of 24 Breath-Receiving Areas, only 4 of which were determined to be lung lobes, that is, 4 of the 5 lobes of the lungs.

I believed I had been developing over some years the ability to attain an optimally aligned body according to discoveries I had made as to how a body ought to align for optimal functioning. Attention to breath activity was a large part of this. There came a time of attempting to isolate out the actual destination of inhaled breath when I had brought my body into its most optimal alignment. Over time, it became obvious that the destination was mostly not the lungs but destinations ending in compartments associated with the nasal cavity. It was a slow process of using sensation to make these determinations because it became obvious that each destination endured for three days. In the end, I found 20 destinations associated with the nasal cavity with no more possibilities seeming to be available. It became obvious that lung lobes or segments would then serve for the remaining 4 destinations, which were needed to accompany the remaining 4 of the 24 scaffolds of bones, with associated muscles, of which I write that I had derived over the years (see the Table toward end this Epilogue/Prologue and Part 4 of this book).

For me, the 4 lung destinations for primary breath, in their turn as part of the 24 destinations, and as determined by sensation when inhaling into an optimally aligned body, were the superior, middle and inferior right lung lobes plus the superior left lung lobe.

What role, then, did the inferior left lung lobe play?

For some time, I had noticed that when I allowed maximum relaxation in my body, which meant maximum sag into old body alignments, there would be a significant sensation of pressure in the area I associated with the location of the left inferior lung lobe. There was also the sensation of my lower spinal column having skewed noticeably leftward. It was not hard to strongly suspect that I was allowing my body to do what I had already hypothesized it would do given the needed circumstances. It had broken communication lines provided by the thoracic spine between the upper cervical spine and the lower lumbrical/sacral/coccygeal spine. I had further hypothesized that this was the circumstance which had required the body to develop ligand-gated ion channels which could divert communication out and around breaks in communication channels. This would all be done chemically so that I came to speak of chemical energy as being required to maintain bodily function.

Could I entertain now another fantasy-world concept derived from putting together 1) my awareness of the sensation of on-going significant pressure in the area of my left inferior lung lobe when my body was in full-sag mode (or full-relaxation mode), 2) my conviction that full-sag

mode resulted in such a complete break in communication between portions of the upper and lower spinal column that bodily structures in the form of ligand-gated ion channels had had to develop to provide detours around communication breaks along the spinal column, 3) my discovery that the direction of muscle activity reversed when I was in the full-sag mode which gave the sensation of significant pressure in my left inferior lung lobe, 4) my suspected notion that our universe-function resembles a set of Russian-type nesting dolls with a galaxy and a human body serving as 2 of possibly 6 dolls in the set.

If my latter notion could be correct, then would it not be reasonable to wonder whether a human could have something resembling the black hole that is contained within a galaxy, a taking-in place with circumscribed putting-out capacity.

I spent time over weeks breathing into my body in full-sag mode. I had already developed some idea of what might be happening to the breath I would take into my optimally aligned body as it utilized the side-to-side balanced 24 Breath-Receiving Areas referenced in the 5th Part of this Prologue. I had strongly sensed that breath inhaled into an optimally aligned body went only into the nasal cavity complex, traversing the incisive canal of the hard palate during inhalation when there was need of breath in a lung lobe or segment. I had concluded it was pressure of the environment during exhalation on the Breath-Receiving Areas by way of the body which caused the breath in the particular chamber of the nasal cavity (the 4 lung lobes serving in their turn as simply additional chambers of the nasal cavity) to evenly arrange the relevant body structures to respond to messages within the body for the need for movement of its parts. I had concomitantly concluded that the effect on the breath in the Breath-Receiving Areas, which is being pressured from different directions, was to transform this breath by some means into wavelengths of electromagnetic energy which would be emitted by the exit routes for different times of the day.

That which I am presenting in the preceding paragraph is a possible manner in which breath serves an optimally aligned body. It was not hard to extrapolate a similar way of serving when primary-seeming breath has gone to my left inferior lung lobe instead of to its designated one of 24 Breath-Receiving Areas. My fantasy-concept imagined that my left inferior lung lobe had become my body's black hole, taking in during inhalation that which the body is directing toward it. I fantasized the connections of the body in this situation were such that the second of the six big systems I had derived for the body to serve in their special way in my construct, the circulatory system, had become the base system, developing whatever structures were needed to incorporate the functioning of the other systems into its own functioning. During exhalation, there would be emitted from this "black hole," as pressured from a portion of the in-taken breath, only infrared electromagnetic wavelength, heat for warming the body. Concomitantly, the remainder of the breath that was taken in during inhalation was now pressured, during exhalation, by a closed-off left inferior lung lobe to disperse its pressure in conducting the altered systems of the body. This would be done in connection with the fibers of the anterior longitudinal ligament now serving differently (as referenced in the 2nd Part of the Prologue) and done in a manner that reverses the direction of muscle use of one side of the body through utilizing ligand-gated ion channels for chemical messaging since the thoracic spine and the posterior longitudinal ligament on this body's side have been silenced from allowing for gravitational, mechanical or electrical energy manipulation due to the noticeable leftward skewing of my lower spinal column when I allowed the greatest sag in my body.

It has taken me a very long time to become so aware of what my muscles are doing as to allow me to recognize that the scaffolds of bones and muscles now shown in Part 4 of this book serve at their designated time and sequence for whatever types of energy are running the body.

If chemical energy by means of ligand-gated ion channels predominates, with primary-seeming breath as a constant stream to a particular lung lobe, I predict it will prove that the same muscles and bones and other structures are on call at a given time just as though the body were engaging in optimal functioning. It's just that the structures will be differently utilized. Instead of a mirror-imaged structure arranging muscle fibers on one side of the body for the relevant spatial dimensions by means of mechanical or gravitational energy (electrical energy utilization will be addressed momentarily) to alter fibers on the other side of the body to help manipulate the muscle's bone, the ligand-gated ion channels will play a role in the conversion to opposite direction of use of ½ of the muscle most directly responsible for the needed new bone position.

I have speculated that a possible reason this manner of functioning eventually leads to deterioration and death is because the structures formed for allowing for this type of functioning were formed at a particular moment or during a particular period in the history of the organism, and the "powers that be" in that moment to allow for the formation were "of that moment" and not subject to handling overall sufficient alteration to accommodate on-going succeeding moments in an always changing environment. Therefore, the formed structures will not function widely enough, and cause general update to the needed degree as time goes by, to not prove themselves inadequate to the job they are supposed to do.

I have written of chemical and other types of energy. I have not the knowledge to write of the details, in particular, of the chemical and electrical reactions occurring when there is reference to either of these types of energy being responsible for some aspect of human functioning. Therefore, as regards electrical energy use, I can only speak of sensations associated with what I can only conclude is a similar type of human functioning based on the use of electrical energy reactions to that of one requiring the use of chemical reactions to bring about a body's needed functioning to maintain life. The similarity is to be found in the body's use of another type of ion channel it had to develop in order to compensate for there not being full communication between the cervical spine and the lumbrical/sacral/coccygeal spine which would allow for the pull on one side of a spatial dimension structure to effect an equal but opposite pull on the other side.

When I pull my body upward out of full-sag mode enough, it becomes obvious that the posterior longitudinal ligament has come to have a degree of upright tension in it. But, I notice an interesting aspect of that tension. It feels as though it is primarily in the right side of the ligament in my left-hand-dominant body. In my personal history, it is the left side of my body that I have greatly overused through the years. I propose that the result has been that I have so compromised the left side of my posterior longitudinal ligament that it could no longer respond to the effect the right side of the ligament was having on relevant muscles. In this situation, I further propose the human body developed, over eons no doubt, voltage-gated ion channels to be able to make use of electrical reactions along the side of the body that was no longer able to maintain continuous communication along its spine's length to organize itself to complement the side of the body which had maintained continuous communication between the brain and its side of the body.

Sensation gives the possible interior picture of the left side of my soft palate having lowered to permit the traverse of breath to the leftward-oriented side of relevant lung-segment breath tracts by way of the pharynx where quite likely the oxygen of the breath received in the breath tracts by this route can be in some way instrumental in activating the needed electrical reactions of the voltage-gated ion channels to manipulate muscle fibers on the left side of my body which have compromised communication along the left thoracic spine. In this way, bodily functioning is able to be carried forth in a relatively upright body to the extent that muscles are utilized similarly, a situation prevailing when a body first departs spatial dimensional balance.

I have skipped over a first type of ion channel utilized by the body, the gap-junction ion channels. These are different from the other two in that there is two-way travel between paired structures on either side of a synapse.

I ponder the message given by this different form of ion channel. In a previous part of this Prologue, I have written of mechanical energy use in the body, the situation in which there can be balanced use of the two sides of a spatial dimension without the need for electrical or chemical energy use, but still there is not provided optimum alignment of the body.

I predict that balanced use of the two sides of a spatial dimension is possible, without optimum alignment having been achieved, by means of gap-junction ion channels. There will be required equal elevation of the two sides of the posterior longitudinal ligament but this elevation will be below the maximum elevation possible for the two sides of the ligament. In this situation, nerve fibers will still be involved in instigating the needed muscle activity to carry forth bodily functioning with gap-junction ion channels being the means of the nerve fibers' involvement. There will be a closed nasal chamber throughout a breath cycle due to an elevated soft palate closing entry into the pharynx. During inhalation, oxygen will still be carried to relevant breath tracts, by way of the incisive canal for lung segments, in order that the oxygen received in the breath tracts can continue to be instrumental in activating these nerve-fiber-associated ion channels to manipulate muscle fibers, now, no doubt, by means of balanced dimensional side-to-side pull on the fibers. During exhalation, unused breath in the nasal cavity will simply be exhaled.

Finally, what is the optimal functioning I believe I have discovered? I can only conclude it is the alignment to whatever the universe is doing that leads to its contraction. I have long suspected it is functioning which utilizes the body's connective tissue to manipulate its muscles to arrange its bones to effect movement requiring no involvement of nerve fibers and associated ion channels. This will be possible because of the even pull of what I have designated as "universe gravity" on the sets of structures responsible for maintaining completely even balance in a body's three spatial dimensions as well as its time dimension which is its orientation to the universe as reflected in the moment by moment positioning of the crista galli. This even pull of universe gravity on relevant structures is only possible in a body whose spine is not subject to extension nor flexion in all its length, and this is only possible when a body's posterior and anterior longitudinal ligament maintain maximum upward tension in themselves throughout a breath cycle. Additionally, this is only possible in a body that completely closes its nasal cavity (including its incisive canal) during exhalation to the emission of any of the breath it received during inhalation, this breath entering a nasal cavity closed to any dispersal of the entering breath except by way of the incisive canal which remains open only during inhalation in order that breath needed by lung segments associated with dimensional structures can be conveyed. The nasal cavity throughout a breath cycle will remain closed to the pharynx by means of a maximally elevated soft palate. Before exhalation begins, if one is carrying through optimal functioning, there is the sensation of the hard palate having risen to close off the incisive canal by means of the six exit routes of the body (urethrae, skin, lactiferous ducts, anus, eye, vagina/ scrotum) giving the sensation of having tightened to completely close themselves to transmission of anything except an outflow of what I surmise to be electromagnetic energy.

It has been sensation - questionable, unreliable sensation - which has informed me through the long years of discovery which has resulted in this book, sensation suggesting the next path of study to pursue to attempt to grasp the next relevant connection in the on-going story of the development of a human body. Then, there followed year after year of reproducing the

circumstances which produced a particular sensation as the implications of these circumstances were studied in connection to all that had gone before, which had proven to be able to be constantly replicated.

Therefore, I move toward completion of this Epilogue/Prologue with an encapsulation of the gravitational-energy-associated method of functioning of a human body as associated with the extraordinary sensation to be achieved only in an optimally aligned body. It is the sensation during exhalation that one has pulled upward into even balance all the structures of one's body which are being fixed into place during this exhalation in an optimally aligned body such that they will remain in their achieved place as one moves on to whatever happens in the next breath cycle. There is the sense that one has been able to be a ratcheting mechanism for moving one's self forward in the "universe" flow with it possible to experience the sensation of outflow of what must surely be some wavelength of electromagnetic energy, particularly from the specific exit route for the time of day. When I have done this, what I have done is, during inhalation, appropriately stretched the day's three muscles associated with the body-frame bone and the finger and toe bones in order that, concomitantly, the three muscles for the head bone for the eye, the cervical/etc. bone and the thoracic/etc. bone will stretch. Then, during exhalation, I maintain the overall bodily change experienced during inhalation by means of fixing in place the stretch in the three muscles for the head bone for the eye, the cervical/etc. bone and the thoracic/etc. bone.

That which I have been describing in the paragraph above is the optimal functioning associated with gravitational energy as the source of bodily functioning, the use of maximally elevated mirror-imaged bodily structures quite likely needing only the manipulation of the body's connective tissue to effect functioning.

In this Epilogue/Prologue I have spoken of three manners of functioning as alternatives to optimal functioning based on gravitational energy. The three alternatives are functioning based on mechanical, electrical and chemical energy needing to be utilized with the involvement of gap-junction, voltage-gated and ligand-gated ion channels respectively. When gravity is the body's source of energy, there has been described above the exhalation mechanism for fixing in place changes to an organism during a breath cycle which endure to create the sensation of the human body serving as ratcheting mechanism, surely responding to that which I have referred to earlier as universe gravity. When the body's functioning is based on types of energy use alternative to gravity, there will not be the sense of a breath cycle bringing the structural change needed for the aforementioned ratcheting.

If, during a breath cycle, the soft palate remains elevated to close off the pharynx from the nasal cavity, then, during inhalation, all one's bodily structures will be pulled upward going toward optimal functioning. However, if, during exhalation, the nasal cavity is not completely closed to breath dispersal by means of closing the incisive canal, which concomitantly closes the nasal openings, that is, the nostrils or external nares, then there will be no alteration to the relevant structures of the brain (involving the breath tract for the relevant gyrus, the center-of-gravity/ instigator-of-change for the relevant gyrus and the relevant gyrus itself), and, I propose, the relevant bodily structures will simply hold steady in the gravitational flow, moving with it but not moving forward in it. In this situation, I further propose that mechanical energy provides for bodily functioning through the use of gap-junction ion channels wreaking their effect during exhalation, as un-utilized breath which had been inhaled into the nasal cavity is simply exhaled.

For the remaining two types of energy use available for bodily functioning for a limited time, electrical and chemical energy, a human body likely contributes to drag, that is, to backward pressure on the gravitational flow, and to that which is likely the "dark energy" of our universe.

Electrical and chemical energy use are necessary to carry forth bodily functioning when the soft palate fails to be elevated during inhalation to close off the nasal cavity from the pharynx. In this regard, in the 2nd Part of this Prologue, I have written of the role of the soft palate. Breath will go to the lungs by way of the pharynx because some level of misalignment of the thoracic spine to the cervical spine above and the lumbrical/sacral/coccygeal spine below has caused the failure of the soft palate to close off the nasal cavity from the pharynx. Breath to the lungs by way of the pharynx indicates the body cannot use its mirror-imaged structure to manipulate its parts as needed for continued functioning because of compromised communication along the spinal column. It must call on the intervention of electrical energy by way of the use of voltage-gated ion channels to handle dimensional imbalances resulting from partial disruption of communication along, presumably, the dominant-side thoracic spine which does not allow for enough balanced use of mirror-imaged structures to carry through an action without the aid of electrical energy compensation.

If there has been complete disruption along the dominant-side thoracic spine, it becomes necessary for the body to reverse the direction of activity of relevant dominant-side muscles from proper insertion point to origin point, and the body must call on the intervention of chemical energy by way of the use of ligand-gated ion channels in order to skirt around the complete disruption. In this situation, there will be pressure at the non-dominant-side sternum due to the pressure on the daily changing center of gravity of the body having swung to the dominant-side structure. When electrical energy use predominates, the more evenly distributed side-to-side center-of-gravity pressure would seem to be aided by the dominant-side sacrum.

It is surely the case that the system of oxygen intake into lung segments which results in formation of carbon dioxide to be exhaled from the lungs is in association with the necessity of the body to call on the use of voltage-gated or ligand-gated ion channels to compensate for dimensional imbalances.

I began this 3rd Part of the Epilogue/Prologue with reference to having recently become aware of a speculative cosmological concept, referred to as White Holes, which had helped carry me toward concepts showing paths of bodily dysfunction. At that time, I wrote of a concept I was developing as to what might be happening in a White Hole which grew out of my construct for human functioning.

I wrote**:** the way in which the system of which a White Hole is a part is structured provides the opportunity to cause what is happening in the White Hole to bring pressure on a particular part of the extended system to cause change to occur to that part. This structure of the White Hole makes it appear nothing can enter a White Hole, which is the case when it is in the process of bringing pressure to bear on the part of the system that is to experience change. However, this opportunity of bringing change to system structure, requiring that there be exclusionary closure of White Holes, would appear to be an exhalation-phase opportunity followed always by inhalation-phase re-openings to allow for ingress of surrounding environment into the area which could be the White Hole itself given the right circumstances, or which can become instead simply a traversing channel to a black hole.

The way in which the system of which a White Hole is a part is structured would seem to assure that the White Hole will perennially possess the ability to bring the sort of change to a particular part of the system needed to assure that the White Hole remain in existence. When there is threat to that ability over time, the system containing the White Hole develops crutches to itself in the form of electrical and chemical reactions which can handle breaches to itself, at the expense of the larger system of which this particular smaller system is a part, until, finally, the

crutches themselves wear away and can no longer shore up the overall system enough to allow it to go on existing, resulting in its death.

Thus, there can be seen a method by which each larger system in a Russian-nesting-doll-type universe can eliminate threats to itself by means of the death of dysfunctional parts of its larger self! The author of this work will hope that she has made a great step forward in presenting the means by which a human being can become a more functional part of its larger system and greatly extend its ability to continue to exist as part of that larger system.

Epilogue as Prologue - 4th Part
A Longtime Fancy as to Why Human Death So Often Comes after a 70-80-year Life-span

It has been determined that Earth goes through 1 degree every 72 years of its complete 26,000-year precession-of-the-equinoxes cycle (or precession of the equator). Earth's precession of the equinoxes is the movement of its rotational axis, whereby its axis slowly traces out a cone.

There is in this, I hypothesize, the basis for the common length of our life span.

I have not the knowledge and language needed to properly explain the relational properties of the Earth to everything else during that 1-degree-every-72-years alteration of the Earth to everything else, but I predict that that will be shown to be the basis for human aging.

I have speculated elsewhere that possibly for a brief moment of a sperm meeting an egg there is at least some level of accord of the newly beginning human to the gravitational field. After nine months of being fed through a mother's body with whatever adaptation her body had had to make through the years away from accord with the gravitational field, and nine months of growing within a space formed by these adaptations, it has seemed reasonable to assume a new-born human begins a journey of his/her own adaptations away from the gravitational field, forming his/her own set of ion channels for electrical, chemical (and possibly mechanical) energy use as alternative to the gravitational energy use which his/her adaptations away from the gravitational field have necessitated and led to him/her having a Decussation of Pyramids (see 1st Part above). I hypothesize the forces on this human due to his/her particular trajectory through the universe at a particular time play a particular role in the formation of these ion channels for electrical, chemical and mechanical alternative energy use to that of gravitational energy. I further hypothesize that when the Earth begins its next 1 degree in 72 years of movement of its rotational axis, it begins a journey that will bring a different progression of relational properties of the Earth to everything else resulting in a different progression of forces on the 72-year-old, rendering his/her lifetime of ion channel development inadequate to his/her needs but having adapted the human so far away from its access to the gravitational field on which its first 72 years of ion channel development were based that it is no longer able to build the new form of ion channels required by the human's relational properties to its new path through the universe. It would seem likely that the lower the development of ion channels through the years such that repeated dipping into the gravitational field for energy use occurs, the greater the possibility that the 72-year-old has less dependence on no-longer-adequate ion channels when beginning the new 1-degree-alteration journey and can live longer.

Epilogue as Prologue - 5th Part
24 Breath-Receiving Areas

This revised book begins as it now does with an Epilogue as Prologue in several parts with this 5th Part giving the basis for 15 sheets (30 pages) of tables as culmination of the work done in creating the remainder of the book over a period of some 30 years. These tables are placed toward the end of this Epilogue/Prologue as the 6th Part.

The hypothesis is that each sheet (front+back = 2 pages) gives 24 days of arrangements necessary to maintain a human body aligned to its universe in such a way as to render that body functional without being subject to the diseases and many of the harms leading to death.

Each of the 8 groupings per sheet, front and back, represent 3 days. Thus, each sheet, front and back, is 8 x 3 = 24 days with 3 sheets, then, representing 72 days, the number of days necessary to cycle through the 24 groupings which utilize the full range of bodily structures. This full range will be cycled through 5 times in a 360-day year with emphasis on a different set of structures within the groupings for each of the 5 cycles. The 12 sheets following the first 3 sheets show the same groupings with altered emphasis for each of the remaining four 3-sheet sets of groupings. Thus, there are 15 sheets yielding 24 days x 15 = 360 days, the length of the year on which one will be functioning if using these tables.

Each of the 8 groupings on a sheet are constructed to provide layers of arrangements of structures, each layer of which can provide the alignment of the body which is referred to as proper or optimum alignment. This proper or optimum alignment provides the sensation that all of the mirror-imaged structures of one's body are equally present and accounted for, each mirror-imaged part equal to its mate as much as is possible after years of the two having been imbalanced to one another, as indicated by our right- or left-handedness.

That which these tables provide is a manner in which to establish even balance in each of the dimensions in which a human functions, that is, in the up/down, the right/left, the front/back and the time dimensions. As the author was slowly sensing out the connections which would eventually be shown in the Tables of Part 4 of this book (not the Prologue) and in her Periodic Table of Elements/Correlated Human Body Structures (Page 1 of the Book), she didn't realize she was establishing the structure for a body's three spatial dimensions and its time dimension. From early on in the author's effort to make valid connections of bodily structures, she assumed there was always a center of gravity around which the body functioned. For a long time, she suspected it would be either the sacrum or the sternum depending on how the body was being used (which was valid for the way her body was being used in earlier days). As she came to realize how the scaffolds of bones and muscles she'd been discovering related to the four dimensions of the body, she also realized there would always be a changing proper Center-of-Gravity in a person's body for each day of the year. If this Center-of-Gravity was able to be the center around which the body functioned on its given day, then the energy source for the body's functioning is that which the author has come to designate as universe gravity, and the body is left free to alter itself, day by day, to accord itself to the requirements of this universe gravity's influence on it. Alternatively, when this freedom is denied due to "sag" of bodily structures occurring in any of the body's dimensions, then the proper Center-of-Gravity becomes shared by primarily either the sacrum and/or the sternum (now requiring electrical energy use and/or chemical energy use), and the on-going alteration to bodily structures is toward uneven development in some portions of the multitude of mirror-imaged structures. This is surely exacerbated when there is day-by-day accumulating uneven development.

As it turns out (and has taken these many years of the author discovering so many connections between the body's structures before finally recognizing the most basic role of breath), there is a relatively simple way of arranging the bodily structures in order for the body's proper Center-of-Gravity to hold sway on its given day, a way which will now be suggested.

With reference to the first line of each grouping in the Tables of this Prologue, it will be seen that this line instructs its reader to "Inhale to _____**;** Exhale with Fixed _____**.**"

To be able to do this properly, according to a person's unique time pattern, will automatically cause a person's bodily structures to take the first of two big steps needed for these structures to center around his or her proper Center-of-Gravity for the body's functioning. However, to be able to take this first big step will require the user to become familiar with 24 Breath-Receiving Areas, which is the designation given to this sequence of breath destinations as discovered by the author and as contrasted to her use further along in the groupings of the Tables of the designation, Breath Tracts. The instruction mentioned above to "Inhale to ____**;**" intends for the reader to inhale to one of the 24 Breath-Receiving Areas. (These are listed on Page xxiv.)

It has been determined by the author that the sequence of 24 Breath-Receiving Areas are actually cycled through by a person, even if very imperfectly, as he or she also imperfectly cycles through the 24 groupings found on the first 3 sheets of the Tables of this Prologue. The author came to realize that each breath a person takes (in the normal imbalanced way) has a component which does go to the person's appropriate Breath-Receiving Area on a given day but with the majority of the curtailed component going to either the right or left mirror-imaged part, most likely, when the body is most relaxed, left for right-handedness and right for left-handedness.

The first 20 of the Breath-Receiving Areas are located in the head with only the last four of the sequence utilizing lung segments. After a person has become familiar with these locations, then it will be necessary for a user of this Table to become familiar with the sensation of actively breathing into each location. Then, the really important part of this first step is to learn to take a full measure of breath into each of the mirror-imaged parts of a Breath-Receiving Area. This is the tricky part because it can be that the sensation will be of needing to actively breathe into the side opposite to the accustomed side unless one generally maintains an upright posture. For the relatively upright person, it will likely be that the dominant side breath intake should be enhanced. The last section of this "Epilogue as Prologue" gives detail as to various happenings of the breath.

That which has been discussed above refers to the inhalation phase of a breath cycle. The goal of this inhalation phase, as hypothesized by the author, is to inhale a portion of the larger environment into a body which can then work its magic on the inhaled portion of the larger environment to cause it to contribute to that which the universe is doing which results in its contraction or, alternatively, its expansion, it being hypothesized in this Prologue that humans are overwhelmingly contributors to expansion. In order to be otherwise would require that their functioning be by means of what the author surmises to be, or names, gravitational energy which is only possible from a body that maintains mirror-imaged balance in all the structures overseeing the four dimensions in which the body functions.

During the inhalation phase of a breath cycle, there is the opportunity to align the structures overseeing our 4-dimensional functioning in such a way as to evenly balance all their mirror-imaged parts as discussed in the first portions of this Prologue. Only then can the human separate himself from the earth mass by means of his complete even balance to the earth, allowing him, it is surmised, to be subject to something other than the earth's uneven pull on him for his functioning. The author has come to refer to this alternative "something" simply as universe gravity.

Throughout a breath cycle, as long as mirror-imaged parts are free to adjust to remain evenly balanced, then all the functioning of the body will be by means of adjustments in the mirror-imaged parts. In the overwhelmingly predominant situation of the mirror-imaged parts having not evenly developed over the years as the parts themselves or in the way in which they are used, then, for the person initiating an attempt to balance them, breath to Breath Tracts the author has associated with these parts will adjust to balance the difference.

That which would seem to be wanted to give ease in maintaining the referenced even balance to the earth is the development, or re-development, of a body's mirror-imaged structures to bring them equal to one another in their functioning.

It is hypothesized that the path to development of mirror-imaged structures, either toward balance or imbalance, is in the occurrences emanating from the way a body handles each breath cycle. That which is necessary in the inhalation portion of a breath cycle to carry on the process of creating balanced mirror-imaged parts has been discussed above. The completion of the process of creating balanced mirror-imaged parts, or adding to the development of unevenly balanced parts, occurs during the exhalation phase of a breath cycle to be now discussed.

The author of this work has concluded that when the body has failed to evenly take in outside environment during inhalation for the relevant mirror-imaged parts and, therefore, cannot sufficiently use adjustments in those parts and their related structures to carry forth functioning, then at certain levels of this failure, the body has the ability to make use of electrical energy to compensate for this failure, using specialized channels into cells called voltage-gated ion channels. At even greater levels of failure, the body has other specialized channels into cells called ligand-gated ion channels which allow chemical energy to be called on. The author has hypothesized that chemical energy use becomes necessary when there is sufficient imbalance in the body that there is no longer even the partial communication along the thoracic spine between the cervical spine and the lumbrical/sacral/coccygeal spine which allows electrical energy use without the need for the intervention of chemical energy use. Additionally, the author hypothesizes that the direction of use of muscles is reversed in most cases of chemical energy use becoming necessary. All of this alternative energy use to that which the author has deemed to be universe-gravity energy use has been hypothesized to hold the body back from participating in the apparent universe contractional gravitational flow and, thus, results in the body contributing to universe expansion as well as never being able to use accordance to the gravitational flow for the hypothesized constant alteration of bodily structures to fit the body to this flow, thus removing deteriorating pressure from these structures.

In order for a human body to serve to provide universe contraction, properly inhaled breath, as described above, has a very different handling during exhalation than the presently understood handling of breath that concentrates on lung segments as the primary destination of breath, which would seem to be the actual universal primary destination at this time. It cannot be otherwise so long as humans have not realized there is a manner of breathing which does not allow breath to exit the nasal chamber directly into the pharynx by way of a lowered soft palate. Breath that cannot go to the lungs in this way must be handled differently than otherwise.

If the soft palate is elevated to close off the nasal chamber from the pharynx (i.e. the nasopharynx), then a portion of inhaled breath can traverse to the lungs by way of a channel at the front of the mouth, the incisive canal. The remainder of the inhaled breath, which has not gone to Breath Tracts in the head, can either be exhaled in its basically unchanged state, or, there is a way of completely closing the nasal chamber during exhalation so that the breath can be processed in the nasal chamber under the influence of the pressure of the entire external environment on the

entire body which directs what will now happen to the breath in any of its chambers. It would seem the breath is scattered to be directed for some manner of effect on the six channels for the six systems of the body having, each, an exit route. These six systems, as discerned by the author, are the respiratory (exit, urethra), the circulatory (exit, skin), the digestive (exit, lactiferous ducts), the immune (exit, anus), the nervous (exit, eye) and the reproductive (exit, vagina or penis).

The author of this work recognizes that some out-flowing effect, sequentially through 24 hours, adding on, each in its turn, the six named exits, is occurring when exhalation is done in the manner described in the paragraph above which is based on breath being handled by a nasal chamber closed to any of its normal ways of dispersing breath. The author has hypothesized that wavelengths of energy of the electromagnetic spectrum are being emitted by these exit routes during exhalation in the described situation. She has further hypothesized that this is the means by which a human has the ability to contribute to universe contraction, that is, by taking in external environment to put back out electromagnetic energy.

The body's developmental cleverness arranges that breath inhaled and exhaled with a strongly elevated soft palate that closes off the nasal chamber during exhalation will allow necessary portions of breath to go to breath tracts associated with the six systems that have been delineated in order that they carry forth their usual functions. These breath tracts are shown in the Table for this Prologue. If they are Breath Tracts to the lungs, they would be accessed during inhalation by way of the incisive canal mentioned above.

In order for the body to serve in the way described above, which the author hypothesizes causes it to become a contributor to universe contraction rather than expansion, then exhalation must be done in a very particular way. For each of the 20 Breath-Receiving Areas in the head (+ 4 lung segments), there is an associated bone of the head or one of the 6 front teeth which must have, during exhalation, its mirror-imaged parts fixed in the place of their elevation during inhalation in order that there will be no change in place and loss of elevation during exhalation. This can only be accomplished in the circumstance of the optimum role of the mandible being fulfilled. This optimum role is that the head of the condylar process at either side of the back top of the mandible (the jaw) be fully, firmly, securely seated in the mandibular fossa in front of the external acoustic meatus (opening) of the ear. The absolutely essential necessity for this mirror-imaged arrangement of the jaw to be achieved and maintained during each exhalation has been recognized by the author for a very long time, causing her to realize that much of the manner of functioning of the human body is dependent on the disposition of the jaw, its alignment to its surrounding structures.

At the maximum level of chronic skewing of the jaw toward the non-dominant side of a person, the author hypothesizes that the thoracic spine becomes misaligned to the cervical/ lumbrical/etc. spine so greatly as to require the body to call on ligand-gated ion channels for the use of chemical energy for its functioning. At a lesser level of skewing so that there can continue to be partial communication along the spine's extent, then the body can utilize voltage-gated ion channels for the use of electrical energy.

As suggested above, when there is no skewing or other misaligning of the jaw because the heads of its condylar processes are firmly seated in the mandibular fossas, the body is free to utilize its mirror-imaged construction to call on what the author has deemed to be universe gravity for its functioning. However, at another level of utilizing the body's mirror-imaged construction, stepping down from its most perfect use, there comes to the fore a type of energy use not yet discussed, that is, mechanical energy, the simple weighting of one structure to cause movement in a related structure.

When a person has been able to approach, but not quite achieve, an optimum alignment of the jaw to the extent that he or she is able to breath somewhat equally into the mirror-imaged parts of his or her Breath-Receiving Area for the particular day and is then able to fix in place the Area's associated bone or tooth during exhalation to the extent allowable by the soft palate being elevated to close off the nasal chamber but with the incisive canal at the front of the hard palate not closed against the escape of breath, this person has approached the accomplishment of that which is necessary to optimally align the body because now the mirror-imaged structures overseeing the day's functioning in the three spatial dimensions (up/down, left/right and back/front) will maintain enough freedom to adjust to one another in order for adjustment in weighting to take place which will allow for the use of mechanical energy to carry forth a person's functioning by means of gap-junction ion channels. It seems likely in this circumstance that the heads of the condylar processes are mostly not skewing toward one side of the body or the other in favor of mostly maintaining balance of the mirror-imaged heads in relation to the mandibular fossa, but one of the heads is surely balanced at some small level below its being able to be firmly seated in the mandibular fossa during exhalation.

Since the Center-of-Gravity structure of the body serves as that which has been named by the author the Instigator-of-Change structure for the body, it is likely to prove that the Center-of-Gravity structure, when mechanical energy is the source of the body's ability to function, will correspond to the Instigator-of-Change structure shown in the Table of this Prologue for the principal structure/s called on in a given day for the dimension/s in which the body is functioning. The Center-of-Gravity structure will be the Instigator-of-Change structure because it will be the holding steady of the Center-of-Gravity during exhalation or, alternatively, the manner in which it does not hold steady, which will determine the type of change occurring to the remainder of the body's structures during exhalation.

It is amusing to this author that a primary "tool" she has found that will cause the elevation of the mirror-imaged heads of the condylar processes to rise to enter and become firmly situated in the mandibular fossas was given to her by the young woman who was the photographer at her son's wedding. The photographer tells the members of the small group she is photographing to "smile with their eyes." The sensation is of pulling up the outer corners of one's eyes in the same way that the outer corners of one's mouth rise when one smiles. To do this, particularly with sufficient upward pull on one's dominant side, pulls up the sides of one's face to open the mandibular fossas for the simultaneously elevating heads of the jaw's condylar processes to slip firmly into them.

It is only in this situation that a person has aligned him- or herself to his or her universe in such a way as to become part of whatever it is likely the universe is in the process of doing, which, if one suspects gravity to be king, is the pulling of itself back together by becoming uncluttered with material structure. The author proposes this to be no threat to human beings during foreseeable eons inasmuch as it has come to seem altogether possible to her that the development of cognizant humans became necessary to gravity as a progressively evolving means of eventually more assuredly eliminating material structure. She has come to view herself, when able to be optimally aligned, as a conduit for transforming the material structure of her environment back to energy.

In the preceding pages of this Prologue, there has been presented the means by which a human being can align his/her bodily structures in order for them to carry forth the body's functioning in the ultimate non-damaging way. However, without being familiar with the bodily structures which are needing to be aligned day by day in order to create optimum alignment of the

entire body, and by relying on just the main manner of achieving optimum alignment described in this Prologue so far, it is quite possible that difficulties will occur such as there coming to be areas of pain which will not be able to be dispersed unless other manners are known and are able to be utilized to undergird any deficiency in effectively carrying through the first manner. To best safeguard one's self in any effort to achieve and maintain optimum alignment, it would be best to learn of one's structures and how to achieve day by day alignment through properly arranging the scaffolds of bones and muscles and other structures which form the framework for a given day's manipulation of the body as shown in Part 4 of this book. The author has suggested in the text of the book that a day may come in which young school children will study and learn the parts of their bodies just as they learned multiplication tables when she was a youngster.

In the above pages, there has been presented one manner of achieving the optimum alignment of a person's bodily structures, a manner which will be among the most constantly assured methods of maintaining optimum alignment if it is done correctly because it depends on each breath cycle. As well, it is the easiest manner if a person is able to distinguish the changing areas into which he must breathe and the bones or teeth he must fix in place during exhalation as well as do what is necessary to assure that the heads of the condylar processes of the mandible (the jaw) are firmly secured in the mandibular fossas during exhalation.

However, this manner, which depends on arranging for breath cycles done in a very particular way, is a manner of achieving optimum alignment with a necessary change in use of bodily structures occurring every three days, as would be, also, any manner based on learning to arrange scaffolds of bones and muscles and other structures. Fortunately, there is a way of aligning all one's bodily structures for that which the author hypothesizes will be optimum, non-damaging functioning by using a non-changing constant set of structures. These are the small sesamoid bones of the body, with this alignment initiating from the fifth lumbar vertebra, L5. There is a set for each of the 4 dimensions in which a person functions, that is, Time and the 3 spatial dimensions which are referred to in this book as up/down, right/left and front/back. For the Time dimension, the set will be a centered location in the body of L5 as forming a triangle with the pisiform sesamoid bone of each wrist. For the 3 spatial dimensions, the sensation will be as forming, not a triangle, but a quadrilateral. For the up/down dimension, there will need to be the sensation of creating a quadrilateral with its outer sides formed by the single metacarpal sesamoid bone at the base of the index finger (Mc Ss 2) extending to the incus sesamoid bone of the ear. For the right/left dimension, the sensation is of creating a quadrilateral based on the double metacarpal sesamoid at the base of the thumb (Mc Ss 1) extending to the appropriate connecting point on the corresponding side of the hyoid bone behind the chin. For the front/back dimension, the quadrilateral will be based on the double metatarsal sesamoid at the base of the big toe (Mt Ss 1) extending to the patella of the knee. To have these alignments in place during inhalation, and hold them in place during exhalation by means of assuring that the jaw is sufficiently spread and elevated on either side so that the heads of its condylar processes are firmly placed in their mandibular fossas, will assure that a breath cycle is carried through in an aligned body.

For the author, it has been the use of these sets of sesamoid bones which has been the base of much that she has done because if she senses that she has arranged the sets properly and maintained the arrangements during exhalation, then she can observe the extent to which all of her other discovered connections are occurring. If a person were able to use the sesamoid bones as suggested to provide an aligned body, and became able to discern where his or her breath was going among all the 24 Breath-Receiving Areas named in the Table of this Prologue, then he or

she would be on the way to discovering which would have been the conception date of his or her 360 day year, a necessary piece of knowledge in order to know the beginning of the sequence of the several cycles through which his/her body progresses. He or she would then need to identify which of 5 cycles are being cycled through by the 24 three-day Breath-Receiving Areas (perhaps through learning of bones, muscles, etc.), but so long as a person's breath cycles are being optimally conducted, then the body's bones, muscles and other structures are being optimally aligned for non-damaging functioning regardless of the cycle in which one is functioning.

The author now relies greatly on the two methods described in this Prologue to arrange that her breath cycles be optimally conducted (each time her not-yet-refashioned body slips back into old ways). She breathes as evenly as possible into both sides of her body (this being easy to do when the 24 Breath-Receiving Areas are known and able to be used properly). Then, she begins and continues exhalation using the stratagem of "smiling with one's eyes" to evenly pull up the sides of her face in order that the heads of the condylar processes of the jaw will properly slip into the mandibular fossas. Then, in order to maintain the rise in bodily structures which occurred during this exhalation, she continues the sensation of "smiling with one's eyes" as she begins and continues the next inhalation. In other words, the body's on-going optimum alignment requires that its jaw be always properly aligned by means of the heads of its condylar processes remaining firmly seated in the mandibular fossas.

In addition to the above described first method of aligning her bodily structures by means of evenly inhaling into the mirror-imaged parts of the day's proper Breath-Receiving Area in order to begin an inhalation into an optimally aligned body, the author's second method relies on the use of the four sets of sesamoid bones as described in the text above. The process of exhalation and maintaining an optimally aligned body through subsequent breath cycles is the same as described for the first method in the previous paragraph.

During the extended period of time in which the author has made the discoveries of this book, she has speculated a great deal about what is happening during inhalation and exhalation based on effects she could sense occurring to involved bodily structures, always hoping to arrive at a satisfactory rationale for the existence of the breath cycles on which our lives depend. In the end, she has concluded the human breath cycle duplicates the universal method, repeated over and over in its various forms (possibly a cell, a living organism, a solar system, a galaxy, a galaxy cluster, a universe), of there being able to be what humans define as somethingness rather than nothingness - for whatever reason. Each of her proposed "Russian nesting dolls" has a means of taking in its environment and putting back out something. What it puts back out likely determines its eventual fate. As well, what it puts back out very possibly determines the extent to which it is the dark matter of the universe, with its ability to be dark matter or not determining the extent to which the dark energy of the universe waxes and wanes.

The ultimate goal in the life of this author would be to finally discover that she had arrived at some sense of what would replace the phrase she used above, "for whatever reason." In other words, she would finally have some sense of a reason for there "being able to be somethingness rather than nothingness."

24 Breath-Receiving Areas with Exhalation-Maintenance Structures

Breath-Receiving Area for	Body-Frame as 3-Day Bone	Exhalation Structure
Inferior Nasal Meatus	Xiphoid Process	Fixed Ethmoid Bone
Middle Nasal Meatus	Sternum	Fixed Sphenoid Bone
Superior Nasal Meatus	Manubrium	Fixed Vomer Bone
Sphenoid Sinus, Front Area	Clavicle	Fixed Palatine Bone
Nasolacrimal Duct (N.D.)	Scapula	Fixed Inferior Nasal Concha
N.D.+Backmost Front Nasal Groove	Humerus	Fixed Middle Nasal Concha
Middle Front Nasal Groove	Radius	Fixed Superior Nasal Concha
Frontmost Front Nasal Groove	Ulna	Fixed Highest Nasal Concha
Sphenoid Sinus, Top Back Area	Triquetrum	Fixed Nasal Bone
Sphenoid Sinus, Bottom Back Area	Pisiform	Fixed Frontal Bone
Ethmoid Cells, Back Cells	Hook of Hamate	Fixed Parietal Bone
Ethmoid Cells, Front Cells	Lunate	Fixed Occipital Bone
Maxillary Sinus, Top Area	Malleus	Fixed Temporal Bone
Maxillary Sinus, Bottom Area	Incus	Fixed Zygomatic Bone
Tympanic Cells, Top Cells	Upper Hip	Fixed Lacrimal Bone
Tympanic Cells, Bottom Cells	Pelvic Hip	Fixed Maxilla Bone
Frontal Sinus, Top Area	Stapes	Fixed Upper Canine
Frontal Sinus, Bottom Area	Hyoid	Fixed Lower Canine
Mastoid Cells, Top Cells	Femur	Fixed Upper Lateral Incisor
Mastoid Cells, Bottom Cells	Tibia	Fixed Lower Lateral Incisor
Top Right Lung Segment	Fibula	Fixed Upper Central Incisor
Middle Right Lung Segment	Patella	Fixed Lower Central Incisor
Bottom Right Lung Segment	Calcaneus	Fixed Body of Mandible
Top Left Lung Segment	Talus	Fixed Ramus of Mandible

Epilogue as Prologue - 6th Part
Table - Text

I, the author of this 500+ page work, must now write that which is intended to be a last set of introductory remarks for all material in that which is to be a second version of the work for this period of time (a failed intention! See a most important section of the book following this Table.)

I am 82 years old (84 as I prepare this final revision) and a certain weariness behooves me to complete this years-long endeavor. As yet, I cannot know whether my weariness results from the weight of my years or whether it is the result of previous months of ever more completely functioning in accord with the various theories advanced in this work, these theories always pointing toward a possible path to the optimal functioning of a human being to remove him or her from subjection to any of the various life-threatening diseases.

I had never known what to expect in pursuing this long journey of trying to determine whether there is a manner of functioning of the human body which does not lead to inevitable death after a limited life-span. Would I go toward renewed vigor in what would become the later years of an aging woman, or would I be taking a large, already-formed person and trying to take her back through stages of development experienced by an adult human, a youth?

At this point in my journey, I would say that I feel immune to the deterioration leading to diseases. However, I have been on a long path of more and more altering bodily use, and, I think, it is quite reasonable that I would experience general weariness associated with so slowly bringing on-line, day-by-day, little used portions of muscles and muscles forced to act in different than normal directions.

However, I demonstrate a truth of human existence, that is, that to have a goal toward which to work provides quite amazing sustenance power. I dream that if a third version of this book ever comes to be needed, I shall be able to fashion it by means of the renewed, energetic, vigorous human I will have grown myself into being, eventually.

The Table, which is the 6th Part of this Prologue, is, to some extent, a condensation of the Table of Part 4 of the larger work of which it will now be a part. However, it also reflects insights which came after I had completed the body of this book in 2017. A primary later insight involved the role of the need to address the dimensional aspect of our existence in bringing into existence the various structures of our body. There were three spatial dimensions and, incredibly, it seemed a Time dimension had to be addressed. As perhaps will be able to be discerned by some, much of that which is in the Table of the Prologue addresses the extent to which a person will be able to travel to or fro in the Time dimension as based on his or her adherence to pointing in the right direction in each of the spatial dimensions.

The structures for the spatial dimensions will be found in the columns of the bottom half of each segment of the Table, particularly in the first and the last three columns labeled Day 1, Day 2 and Day 3 Muscles. The first of these six columns gives the relevant six bones overseeing three days of functioning. Then, the last three columns give the muscles responsible for manipulating the bones of the first column on Day 1, then Day 2 and 3.

As will be seen, the structures in each column are separated alternatingly, three to the left and three to the right with a small upward pointer preceding each of these latter. The separation is based on which structures I have found to be most responsive to inhalation and which to exhalation. At the top of the column, it is indicated that the three structures to the right of the column are associated with inhalation as indicated by “in” being placed over them, and the structures to the left are associated with exhalation as indicated by “out” being placed over them.

There is a logic to this arrangement because the upward pointer is toward the structure which handles the culminating effect of a breath cycle. Inhalation of outside environment into this living creature has the potential to cause changes to the creature's "in" structures on the right of the column (as well as, concomitantly, the "out" structures on the left), and, then, properly done exhalation causes the "out" structures to do their magic in what I propose to be the creating of an outflow of an electromagnetic wavelength of energy from an optimally aligned body. It is surely this outflow of energy which is the real ur-goal of a breath cycle and developed in such a way as to allow for the culminating effect on the body of the exhalation phase of a breath cycle to always move the body toward proper alignment. This culminating effect is that all of the "in" and "out" muscles which altered during inhalation retain the alteration throughout exhalation thus maintaining their body's changed positioning in relation to the gravitational flow in preparation for the next breath cycle.

I have allowed the "out" exhalation structures (head bone, cervical/etc. bone and thoracic/rib bone) to be on the left in each box with the "in" inhalation structures (body-frame bone, finger bone and toe bone) to be on the right because, in the practice of properly aligning one's body through its breath cycles, it seemed helpful to have made one's self aware of the exhalation structures which will need to be aligned and held in place during an exhalation in order for a correct inhalation to have any effect in altering the body toward any eventual permanent correct alignment. If one continues to keep the "in" structures of inhalation properly aligned during exhalation, that would seem to maintain correct alignment in the "out" structures during exhalation, but it is best to knowingly have one's "out" structures aligned during exhalation.

Perhaps a base reason for my creating this Table was for it to serve as aid to my own constant effort to observe to what extent I am correct in assuming that, for instance, on Day 3 of a given one of 120 bones, whenever I properly inhale, which is an up/down dimensional action, then it will be the muscle in the Day 3 Muscle column on the second line of the column (under "in") which should most notably/actively stretch because inhalation is an up/down dimensional action as handled by Lines 2 and 1. The muscle shown on Line 1, for the companion bone to the Line 2 bone, for this Day 3 activity will concomitantly stretch in preparation for the particular role it will play during exhalation. Then, when I exhale properly, the stretch in the Line 2 and Line 1 muscles will hold steady while the Line 1 muscle (under "out") will do whatever it does to cause the first line Change Instigator structure of Column 3 (probably in conjunction with the holding-steady second line Change Instigator structure) to form whatever electromagnetic wave energy there is to be emitted.

The same sort of process surely occurs with the structures on Lines 4 and 3 when there is arm movement, the urge to which comes by way of one of 24 finger bones on Line 4 for the left/right dimension, whose magic of creating an outflow of electromagnetic energy is based on the third line "out" muscle for the day along with the Change Instigator structures of Lines 4 and 3. If more force is needed for whatever the up/down dimensional activity is (a deeper breath for instance), then the left/right dimension will be called on proceeding on to the front/back dimension.

Front/back dimensional movement will follow the same course with the muscle of Line 6 being a muscle for one of 24 toe bones and Line 5 a muscle for one of 24 thoracic/etc. bones.

For clarification, I shall mention that the bones on the left in the first column under "out," perhaps the ones most responsible for in-taken environment becoming electromagnetic energy outflow (if I'm correct in concluding that this is a primary result of truly correct breathing), are, on Line 1, one of 12 bones of the head to complete the process of up/down dimensional changes

during a breath cycle, on Line 3, one of 24 cervical/lumbrical/sacral/coccygeal/sesamoid bones to complete the process for left/right dimensional changes, and, on Line 5, one of 24 thoracic vertebrae/rib bones to complete the process for front/back dimensional changes.

In sum, Lines 1 and 2 of the columns of the bottom half of each segment of the Table are concerned with the up/down dimensional movement of the body, and Lines 3 and 4 with the left/right dimensional movement and Lines 5 and 6 with front/back.

For the upper portion of each segment of the Table, that is, Lines 1-5, these basically provide four ways to align the body. Line 1 gives what is needed to use the Breath-Receiving structure for inhalation and the structure to keep fixed in place during exhalation.

Line 2 gives the most useful information of all, that which is the base of all I do, the four sets of sesamoid bones which will be able to align the Time dimension and the three spatial dimensions. Also added is the dermatome, as mentioned in several places in this book, e.g. on Page 470 in the second item, "To Determine the Beginning Moment of You."

Finally, Lines 3-4/5 refer to the use of the all-important Center-of-Gravity structures for Day 1, Day 2 and Day 3. If a person could keep all the pressure of functioning on the given day's Center-of-Gravity (not sharing it with the sternum or sacrum or elsewhere), then everything else would fall in place to create an optimally aligned body. Line 3 shows the Center-of-Gravity for Day 1, Day 2 and Day 3. Lines 4/5 (as a box) expand to give specific structures associated with the Center-of-Gravity structure, that is, its specific Breath Tract shown on Line 4 and then its own self shown at the beginning of Line 5 followed by the structure to be most directly affected during exhalation if changes brought to this affected structure during inhalation as a result of its association with the Center-of-Gravity structure can be fixed to be held in place during exhalation. It will be seen that a Center-of-Gravity structure equates to a Change Instigator structure. It is true that the Center-of-Gravity structure for Day 1, as shown on Line 3 in the top half of each segment, is not shown as a Change-Instigator in the 3rd column of the bottom half of each segment, unlike the Center-of-Gravity structures on Line 3 for both Day 2 and Day 3. The rationale I give for this is that the columns of each segment's bottom half have to do with bodily structures handling the spatial dimensions of the body whereas the Day 1 structures associated with the Center-of-Gravity/Change Instigator are those of the head surely more intimately associated with the Time dimension in terms of their role in aligning the spatial dimensions.

As to the layout and numbering of the 120 segments of the Table, the greatest clarity seemed to be associated with a progression showing the sequence of each of the 24 bones in each of the five groupings of 24 bones in the order of 1) body-frame bones,
2) cervical/lumbrical/sacral/coccygeal/sesamoid (cervical, etc.) bones, 3) finger bones,
4) 12 thoracic vertebrae/12 rib (thoracic, etc.) bones and 5) toe bones. Thusly are the segments numbered 1-120. However, this does not accord with the sequence of these bones on my Periodic Table of Elements / Correlated Human Body Structures. Therefore, I have placed a second number for each bone showing its place on the Periodic Table.

The jury is very much still out as to the extent to which the aging process can be halted by implementing the very complicated manner of functioning laid out in this book. As the discoverer of this manner of functioning and its only practitioner so far, I am in the position of not only being the experiment as to whether the aging process can be halted but, also, as to whether there is any degree to which it can be reversed since I was already of advanced age when I most fully began practicing the manner.

A word of caution is perhaps advisable. All that I have done to myself has been done over a long period of time in which my bodily structures could alter. Whenever there has been a time

of concern about whether my breathing mechanism had become so confused as to what it was supposed to do that it wouldn't be able to keep me going at all, by then I had discovered a few "tricks" to put me into optimum breathing mode until I could get back to adequate breathing mode. Also, by the time I was more or less able to engage in optimum functioning but was doing it so imperfectly as to cause myself a cramp or pain of some sort, by then I was familiar enough with the structures primarily involved in a day's functioning, and how to manipulate them, that I could always eliminate a momentary source of pain. A slow program of learning of one's bones and muscles and other bodily structures and how they should be manipulated on any given day, perhaps over an entire year, would be best practice in making use of the material in this book. An easy means of determining the beginning moment of an individual must be found and made available because the beginning moment will determine how most of the material in this book should be used by each individual.

I have dreamed of someday founding a small learning center in which a group of interested people could put together a program for helping others to achieve what I hope will be the means to disease-free, perhaps aging-free, extended living. In the present time, my task continues to be to live as best I can by my own theories to see where they will take me.

Footnote**:** It has taken a very long time to finally discover that the body does actually use the same structures for all its manners of functioning in the various dimensions on each day as the ones I have delineated in this book as used in optimal functioning. However, the structures, such as muscles, are mostly used in different ways involving aids developed by the body needed to allow these structures to serve on their given day at all, and the involvement of these aids determines the extent of the reach of the structures as well as even the direction of their use. All these matters make themselves known as the various kinds of energy which are required for bodily functioning untangle to show their individual roles. As a specific example to indicate how specifically the body uses its structures, I predict that it will be found that to move an arm for a given specific person in a given 24-hour period on the five days of the year when, for that person, either the pelvic hip (body-frame bone), or coccygeal vertebra 4 (cervical, etc. bone), or the hamate (finger bone) or rib 8 (thoracic, etc. bone) or the cuboid (toe bone) is serving as the 3-Day bone will always involve the hamate bone and, on Day 1, its muscle, the coracobrachialis, on Day 2, its muscle, the abductor pollicis longus, on Day 3, its muscle, the brachialis, along with the hamate's companion bone, the 4th coccygeal vertebra with its Day 1 lateral pterygoid, inferior head muscle, its Day 2 medial pterygoid muscle and its Day 3 lateral pterygoid, superior head muscle.

Reminder: the number in parentheses for each of the 4 entries of 3-Day Bones per page in the following Table corresponds to the placement of that bone on the author's
Periodic Table of Elements / Correlated Human Body Structures as found on Page 1 of this book.

The arrangement of the structures of the Table of Part 4 in the main body of this book is based on that of the Periodic Table on Page 1, unlike the arrangement used in the following Table.

Table - Contents (Epilogue as Prologue - 6th Part)

Table Abbreviations (read across)

A: abd.- abductor	abdl.- abdominal	abdm.- abdominus
acces.- accessory	add.- adductor	ala.- alaeque
alveo.- alveolar	am.- ampulla	ang.- anguli
ant.- anterior	art.-artery	a.s.d.a.- anterior semi-circular duct ampulla
B: b., B.- bone	B.of M.- Body of Mandible	B.T.- Breath Track
bic.- biceps	brc.- brachii	bre., brev.- brevis
bun.- bundle		
C: C- cervical vertebra	c.- cells	cap.- capitis
cav.- cavernous	cen.- central	cer.- cervical
cers.-cervicis	cir.- circular	clav.- clavicular
col.- colli	compres.- compressor	con.- constrictor
corrug.- corrugator	cr.- cremaster	crs.- crus
cun.- cuneiform	Cx - coccygeal vertebra	
D & E: depres.- depressor	diaphr.- diaphragm	dig.- digitorum
digi.- digiti	DP - distal phalange	
ext.- external	extn.- extensor	

F & G: f.- fibers fasc.- fasciae fem.- femoris flex.- flexor fnt.- front
Fr., Front.- Frontal frtm.- frontmost G., Gy.- Gyrus gl.- gland

H: h.- head hal.- hallucis hepat.- hepatopancreatic high.- highest hor.- horizontal

I: ilioc.- iliocostalis in.- inner inc.- incisor inf.- inferior infer.- inferioris
inner.- innermost ins.- intrinsic int.- internal intermed.- intermediate
interos.- interosseous interspin.- interspinalis intertrans.- intertransversarii intest.- intestine

L: L - lumbar vertebra LLS - left lung segment l.- longitudinal lac.- lacrimal
lat.- lateral lats.- lateralis Lat.Ss - Lateral Mt Ss 1
lay.- layer lev.- levator long.- longus longis.- longissimus
low.- lower lum.- lumbar lumb.- lumbrical lumbo.- lumborum
l.s.d.a.- lateral semicircular duct ampulla

M: m., med.- medial m.m.- muscularis mucosa m's.- muscles maj.- major
man.- mandible Mc - metacarpal med., m.- medial mid.- middle
min.- minor mini.- minimi MP - middle phalange Mt - metatarsal
mus.- muscle Mc Ss - metacarpal sesamoid Mt Ss - metatarsal sesamoid

N: n.- nasal N.C.- nasal concha N.D.- nasolacrimal duct nr.- nerve ns.- nasi

O: obl.- oblique Occ.- occipitotemporal Op.- opercular orb.- orbital orbc.- orbicularis

P: p.- part pal.- palpebral pap.- papillary
par.- partition parahip.- parahippocampal pat.- patches
pec.- pectinate pecto.- pectoralis peri.- perineal
Pey's. - Peyer's pharyn.- pharyngeal pol.- pollicis
post.- posterior Postcen.- postcentral PP - proximal phalange
Precen.- precentral pre-m.- pre-molar proc.- process
p.s.d.a.- posterior semicircular duct ampulla ptery.- pterygoid

Q: quad.- quadratus

R: RLS - right lung segment R. of M.- Ramus of Mandible ra.- radial
rad.- radialis rec.- rectus

S: S - sacral vertebra Ss - sesamoid S., s.- sinus
semisp.- semispinalis sep.- septal sm.- small
sphin.- sphincter ster.- sternal sternoclei.- sternocleidomastoid
str.- straight su.- superioris sup.- superior
superf.- superficialis supf.- superficial sys.- system

T: T - thoracic vertebra t., thors.- thoracis tem.- temporal
tens.- tensor thor.- thoracic thors., t.- thoracis
trans.- transverse tri.- triangular

U, V, W: up.- upper urethrov./ur.- urethrovaginalis/urethrae uter./scro.- uterus/scrotum
ver/trans.- vertical/transverse vert.- vertical vestibuloc.- vestibulocochlear
wis.- wisdom

Xiphoid Process, Sternum, Manubrium, Clavicle as 3-Day Bones (showing each one's Breath-Receiving Area)					
1(5) Xiphoid Process as 3-Day Bone - Inhale to Inferior Nasal Meatus**;** Exhale with Fixed Ethmoid Bone					
Allltime Aligners: L5**/** pisiforms, Mc Ss 2**/** incuses, Mc Ss 1**/** hyoid, Mt Ss 1**/** patellas**; 3-Day Aligner: Dermatome C5**					
Center-of-Gravity for below is Day 1 > S3; Day 2 > Cerebrum; Day 3 > Ethmoid B.'s 6th Partition					
Day1 B.T.>Sigmoid**/**Transverse S. > S3 > Long Gyrus & Ethmoid B.		Day 2 Breath Tract > Cavernous Sinus 1 > Cerebrum > Vomer Bone		Day 3 Breath Tract > Frontal Sinus >Ethmoid B.'s 6thPartition>Xiphoid Process	
Bone Scaffold	Breath Tracts	Change Instigators	Day 1 Muscles	Day 2 Muscles	Day 3 Muscles
out in	out in	out in	out in	out in	out in
vomer	cav. s. 1	cerebrum	dilator	sphincter	orbitalis
^ xiphoid proc.	**^ frontal s.**	**^ethmoid 6thpar.**	**^ ciliaris, l. f.**	**^ ciliaris,cir. f.**	**^ciliaris,radial f.**
C1	a.s.d.a.	low. 2nd molar	same muscle	same muscle	same muscle
^ Mc 5	^ RLS 1	^ low.2nd pre-m.	^ same muscle	^ same muscle	^ same muscle
T1	RLS 4	low.1st pre-molar	same muscle	same muscle	same muscle
^ Mt 5	^ LLS 7+8	^low.central inc.	^ same muscle	^ same muscle	^ same muscle
2(6) Sternum as 3-Day Bone - Inhale to Middle Nasal Meatus**;** Exhale with Fixed Sphenoid Bone					
Allltime Aligners: L5**/** pisiforms, Mc Ss 2**/** incuses, Mc Ss 1**/** hyoid, Mt Ss 1**/** patellas**; 3-Day Aligner: Dermatome C6**					
Center-of-Gravity for below is Day 1 > C5**;** Day 2 > S2.**;** Day 3 > Bone Marrow					
Day1 B.T.>Sigmoid**/**Transverse S. >C5 >Short Gyrus & Sphenoid B.		Day 2 Breath Tract > Cavernous Sinus 1 > S2 > Palatine Bone		Day 3 Breath Tract > Frontal Sinus > Bone Marrow > Sternum	
Bone Scaffold	Breath Tracts	Change Instigators	Day 1 Muscles	Day 2 Muscles	Day 3 Muscles
out in	out in	out in	out in	out in	out in
palatine	cav. s. 1	S2	dilator	sphincter	orbitalis
^ sternum	**^ frontal s.**	**^bone marrow**	**^uter./scro.,l.f.**	**^uter./scro.,cir.f.**	**^ uter./scro.,ra.f.**
C2	a.s.d.a.	up. 2nd molar	same muscle	same muscle	same muscle
^ Mc 2	^ RLS 1	^ up.2nd pre-m.	^ same muscle	^ same muscle	^ same muscle
rib 1	RLS 4	up.1st pre-molar	same muscle	same muscle	same muscle
^ Mt 2	^ LLS 7+8	^up.central inc.	^ same muscle	^ same muscle	^ same muscle
3(7) Manubrium as 3-Day Bone - Inhale to Superior Nasal Meatus**;** Exhale with Fixed Vomer Bone					
Allltime Aligners: L5**/** pisiforms, Mc Ss 2**/** incuses, Mc Ss 1**/** hyoid, Mt Ss 1**/** patellas**; 3-Day Aligner: Dermatome C7**					
Center-of-Gravity for below is Day 1>Maxilla Alveolar Process**;** Day 2>Cerebrum**;** Day 3>Carotid Artery					
Day1 B.T.>Sigmoid**/**Transverse S. >Maxilla Alveo.Proc.>Dentate Gy.		Day 2 Breath Tract > Cavernous Sinus 1 > Cerebrum > Vomer Bone		Day 3 Breath Tract > Frontal Sinus > Carotid Artery > Manubrium	
Bone Scaffold	Breath Tracts	Change Instigators	Day 1 Muscles	Day 2 Muscles	Day 3 Muscles
out in	out in	out in	out in	out in	out in
vomer	cav. s. 1	cerebrum	dilator	sphincter	orbitalis
^ manubrium	**^ frontal s.**	**^ carotid art.**	**^ same muscle for**	**^ same muscle for**	**^ same muscle for**
C3	a.s.d.a.	lunate	**all 5 body bones:**	**all 5 body bones:**	**all 5 body bones:**
^ Mc PP5	^ RLS 1	^ tibia	^ levator palpebrae	^ levator palpebrae	^ levator palpebrae
T2	RLS 4	talus	superioris**,**	superioris**,**	superioris**,**
^ Mt PP5	^ LLS 7+8	^ low.lat.inc.	^superficial lamella	^ middle lamella	^ deep lamella
4(8) Clavicle as 3-Day Bone - Inhale to Sphenoid Sinus, Front Area**;** Exhale with Fixed Palatine Bone					
Allltime Aligners: L5**/** pisiforms, Mc Ss 2**/** incuses, Mc Ss 1**/** hyoid, Mt Ss 1**/** patellas**; 3-Day Aligner: Dermatome C8**					
Center-of-Gravity for below is Day 1> Mandible Alveolar Process**;** Day 2 > S2**;** Day 3 > Pineal Gland					
Day1 B.T.>Sigmoid**/**Transverse S. >Mandible Alveo.Proc.>Orbital Gy		Day 2 Breath Tract > Cavernous Sinus 1 > S2 > Palatine Bone		Day 3 Breath Tract > Frontal Sinus > Pineal Gland > Clavicle	
Bone Scaffold	Breath Tracts	Change Instigators	Day 1 Muscles	Day 2 Muscles	Day 3 Muscles
out in	out in	out in	out in	out in	out in
palatine	cav. s. 1	S2	dilator	sphincter	orbitalis
^ clavicle	**^ frontal s.**	**^pineal gland**	**^ bladder, l. f.**	**^ bladder, cir.f.**	**^bladder,radial f.**
C4	a.s.d.a.	hook of hamate	same muscle	same muscle	same muscle
^ Mc PP2	^ RLS 1	^ femur	^ same muscle	^ same muscle	^ same muscle
rib 2	RLS 4	calcaneus	same muscle	same muscle	same muscle
^ Mt PP2	^ LLS 7+8	^ up.lat.inc.	^ same muscle	^ same muscle	^ same muscle

Scapula, Humerus, Radius, Ulna as 3-Day Bones (showing each one's Breath-Receiving Area)					
5(13) Scapula as 3-Day Bone - Inhale to Nasolacrimal Duct (N.D.); Exhale with Fixed Inferior Nasal Concha (N.C.)					
Allltime Aligners: L5/ pisiforms, Mc Ss 2/ incuses, Mc Ss 1/ hyoid, Mt Ss 1/ patellas; **3-Day Aligner: Dermatome T1**					
Center-of-Gravity for below is Day 1> Upper Wisdom Tooth; Day 2> B.Marrow, etc.; Day 3> Optic Nerve					
Day 1 B.T.> Straight/Occipital S. >Up. Wisdom Tooth>Straight Gy.		Day 2 Breath Tract > Cavernous Sinus 2 >B.Marrow, etc.>Inferior Nasal Concha		Day 3 Breath Tract > Mastoid Cells > Optic Nerve > Scapula	
Bone Scaffold	Breath Tracts	Change Instigators	Day 1 Muscles	Day 2 Muscles	Day 3 Muscles
out in	out in	out in	out in	out in	out in
inf.n.concha	cav. s. 2	bone marrow,etc.	dilator	sphincter	orbitalis
^ scapula	**^mastoid c.**	**^ optic nerve**	**^ platysma**	**^ hair follicle m's.**	**^temporoparietalis**
S5	p. s. d. a.	pisiform	thyroepiglottic	inf. obl. of eye	aryepiglottic
^ Mc MP5	^ LLS 1+2	^ hyoid	^deltoid, back p.	^deltoid, middle p.	^deltoid,2nd fnt.p.
T3	LLS 5	patella	rotatores brevis	multifidi	rotatores longus
^ Mt MP5	^ RLS 8	^lower canine	^ inf. gemellus	^ obturator externus	^ sup. gemellus
6(14) Humerus as 3-Day Bone - Inhale to N. D. & Backmost Front Nasal Groove; Exhale with Fixed Middle N. C.					
Allltime Aligners: L5/ pisiforms, Mc Ss 2/ incuses, Mc Ss 1/ hyoid, Mt Ss 1/ patellas; **3-Day Aligner: Dermatome T2**					
Center-of-Gravity for below is Day 1 > Lower Wisdom Tooth; Day 2 > C6; Day 3 > Thoracic Duct					
Day 1 B.T.> Straight/Occipital S. >Low.Wis.Tooth>Subcallosal Gy.		Day 2 Breath Tract > Cavernous Sinus 2 > C6 > Middle Nasal Concha		Day 3 Breath Tract > Mastoid Cells > Thoracic Duct > Humerus	
Bone Scaffold	Breath Tracts	Change Instigators	Day 1 Muscles	Day 2 Muscles	Day 3 Muscles
out in	out in	out in	out in	out in	out in
mid.n.concha	cav. s. 2	C6	dilator	sphincter	orbitalis
^ humerus	**^mastoid c.**	**^thoracic duct**	**^lev.costae brev.**	**^circulatory sys.m's.**	**^lev.costae long.**
S4	p. s. d. a.	triquetrum	obl. arytenoid	acces.mus.bun.	trans.arytenoid
^ Mc MP2	^ LLS 1+2	^ stapes	^ flex.carpi rad.	^ palmaris long.	^ flex.carpi ulnaris
rib 3	LLS 5	fibula	intertrans.cer.a&p	intertrans.lum.t&m	intertrans.lum.lat.
^ Mt MP2	^ RLS 8	^upper canine	^ishiococcygeus	^obturator internus	^ piriformis
7(15) Radius as 3-Day Bone - Inhale to Middle Front Nasal Groove; Exhale with Fixed Superior Nasal Concha					
Allltime Aligners: L5/ pisiforms, Mc Ss 2/ incuses, Mc Ss 1/ hyoid, Mt Ss 1/ patellas; **3-Day Aligner: Dermatome T3**					
Center-of-Gravity for below is Day 1 > Upper 2nd Molar; Day 2 > B. Marrow, etc.; Day 3 > Parathyroids					
Day 1 B.T.> Straight/Occipital S. >Upper 2nd Molar>Cingulate Gy.		Day 2 Breath Tract > Cavernous Sinus 2 >B.Marrow, etc.> Inferior Nasal Concha		Day 3 Breath Tract > Mastoid Cells > Parathyroids > Radius	
Bone Scaffold	Breath Tracts	Change Instigators	Day 1 Muscles	Day 2 Muscles	Day 3 Muscles
out in	out in	out in	out in	out in	out in
inf.n.concha	cav. s. 2	b.marrow,etc.	dilator	sphincter	orbitalis
^ radius	**^mastoid c.**	**^ parathyroids**	**^ heart,ant.pap.**	**^ heart,sep.pap.**	**^ heart,post.pap.**
S3	p. s. d. a.	utricle (3 part)	lat.cricoarytenoid	eye's sup.obl.	post.cricoarytenoid
^ Mc DP5	^ LLS 1+2	^ RLS 10"	^extn.carpi rad.brev.	^brachioradialis	^extn.carpi rad.long.
T4	LLS 5	RLS 10'	levator veli palatini	salpingopharyngeus	tensor veli palatini
^ Mt DP5	^ RLS 8	^ RLS 10	^ add. minimus	^ gracilis	^ add. magnus
8(16) Ulna as 3-Day Bone- Inhale to Frontmost Front Nasal Groove; Exhale with Fixed Highest Nasal Concha					
Allltime Aligners: L5/ pisiforms, Mc Ss 2/ incuses, Mc Ss 1/ hyoid, Mt Ss 1/ patellas; **3-Day Aligner: Dermatome T4**					
Center-of-Gravity for below is Day 1 > Lower 2nd Molar; Day 2 > C6; Day 3 > Thyroid Gland					
Day 1 B.T.> Straight/Occipital S. > Lower 2nd Molar > Lingual Gy.		Day 2 Breath Tract > Cavernous Sinus 2 > C6 > Middle Nasal Concha		Day 3 Breath Tract > Mastoid Cells > Thyroid Gland > Ulna	
Bone Scaffold	Breath Tracts	Change Instigators	Day 1 Muscles	Day 2 Muscles	Day 3 Muscles
out in	out in	out in	out in	out in	out in
mid.n.concha	cav. s. 2	C6	dilator	sphincter	orbitalis
^ ulna	**^mastoid c.**	**^thyroid gland**	**^ heart, ant.pec.**	**^ heart, sep.pec.**	**^ heart, post.pec.**
C5	p. s. d. a.	saccule (3 part)	vocalis	obl. thyroarytenoid	thyroarytenoid
^ Mc DP2	^ LLS 1+2	^ LLS 10"	^extn.pollicis brev.	^extensor indicis	^extn.pollicis long.
rib 4	LLS 5	LLS 10'	tensor tympani	uvula	stapedius
^ Mt DP2	^ RLS 8	^ LLS 10	^soleus, inner p.	^ popliteus	^soleus, outer p.

Triquetrum, Pisiform, Hook of Hamate, Lunate as 3-Day Bones (showing each one's Breath-Receiving Area)					
9(31) Triquetrum as 3-Day Bone - Inhale to Sphenoid Sinus, Top Back Area**;** Exhale with Fixed Nasal Bone					
Allltime Aligners: L5**/** pisiforms, Mc Ss 2**/** incuses, Mc Ss 1**/** hyoid, Mt Ss 1**/** patellas**; 3-Day Aligner: Dermatome T5**					
Center-of-Gravity for below is Day 1> Upper 1st Molar**;** Day 2> Thoracic Duct, etc.**;** Day 3> Trochlear Nerve					
Day 1 B. T.> Sup. Petrosal Sinus > Up. 1st Molar > Inf. Frontal Gy.		Day 2 Breath Tract >Cavernous Sinus 3 > Thor. Duct, etc. > Sup. Nasal Concha		Day 3 Breath Tract > Maxillary Sinus > Trochlear Nerve > Triquetrum	
Bone Scaffold	Breath Tracts	Change Instigators	Day 1 Muscles	Day 2 Muscles	Day 3 Muscles
out in	out in	out in	out in	out in	out in
sup.n.concha	cav. s. 3	thor. duct, etc.	dilator	sphincter	orbitalis
^ triquetrum	**^ maxillary s.**	**^ trochlear n.**	**^esophagus, l. f.**	**^esophagus,cir.f.**	**^esophagus, m.m.**
S2	l. s. d. a.	3-item hair cells	nasalis, alar p.	eye's inf.rectus	nasalis, trans.p.
^ Mc 4	^ RLS 2	^ RLS 9**"**	^ trapezius, frtm.p.	^pectoralis,abdm.p.	^ deltoid, frtm.part
T5	RLS 5	RLS 9'	longissimus capitis	spinalis cap.&cers.	ilioc. thor. & cers.
^ Mt 4	^ LLS 9	^ RLS 9	^add.hal.,obl.head	^abductor hallucis	^add.hal.,trans.h.
10(32) Pisiform as 3-Day Bone - Inhale to Sphenoid Sinus, Bottom Back Area**;** Exhale with Fixed Frontal Bone					
Allltime Aligners: L5**/** pisiforms, Mc Ss 2**/** incuses, Mc Ss 1**/** hyoid, Mt Ss 1**/** patellas**; 3-Day Aligner: Dermatome T6**					
Center-of-Gravity for below is Day 1 > Lower 1st Molar**;** Day 2 > L1**;** Day 3 > Peyer's Patches					
Day 1 B. T.> Sup. Petrosal Sinus >Low.1st Molar > Inf. Fr. Gy., Op.		Day 2 Breath Tract >Cavernous Sinus 3 > L1 > Highest Nasal Concha		Day 3 Breath Tract > Maxillary Sinus > Peyer's Patches > Pisiform	
Bone Scaffold	Breath Tracts	Change Instigators	Day 1 Muscles	Day 2 Muscles	Day 3 Muscles
out in	out in	out in	out in	out in	out in
high.n.concha	cav. s. 3	L1	dilator	sphincter	orbitalis
^ pisiform	**^ maxillary s.**	**^ Peyer's pat.**	**^ stomach, l.lay.**	**^stomach,cir.lay.**	**^stomach,obl.lay.**
C6	l. s. d. a.	3 semicircular d.s	orbc.oculi, pal.p.	depres.supercilii	orbc.oculi, orb.p.
^ scaphoid	^ RLS 2	^ LLS 9**"**	^ teres minor	^latissimus dorsi	^ teres major
rib 5	RLS 5	LLS 9'	interspin. cers.	obl. capitis inf.	interspin. lumbo.
^ navicular	^ LLS 9	^ LLS 9	^abdc.digi.mini.,med	^opponens digi.mini.	^abdc.digi.mini.,lat.
11(33) Hook of Hamate as 3-Day Bone - Inhale to Ethmoid Cells, Back Cells**;** Exhale with Fixed Parietal Bone					
Allltime Aligners: L5**/** pisiforms, Mc Ss 2**/** incuses, Mc Ss 1**/** hyoid, Mt Ss 1**/** patellas**; 3-Day Aligner: Dermatome T7**					
Center-of-Gravity for below is Day 1 > Upper 2nd Pre-Molar**;** Day 2 > Thoracic Duct, etc.**;** Day 3 > Aorta					
Day 1 B. T.> Sup. Petrosal Sinus > Up.2nd Pre-M.> Inf. Fr. Gy., Tri.		Day 2 Breath Tract >Cavernous Sinus 3 > Thor. Duct, etc. > Sup. Nasal Concha		Day 3 Breath Tract > Maxillary Sinus > Aorta > Hook of Hamate	
Bone Scaffold	Breath Tracts	Change Instigators	Day 1 Muscles	Day 2 Muscles	Day 3 Muscles
out in	out in	out in	out in	out in	out in
sup.n.concha	cav. s. 3	thor. duct, etc.	dilator	sphincter	orbitalis
^hamate hook	**^ maxillary s.**	**^ aorta**	**^sm.intest.,l. f.**	**^sm.intest.,cir.f.**	**^sm.intest.,m.m.**
S1	l. s. d. a.	low.1st molar	orbc.oris, supf. f.	eye's med.rectus	risorius
^ Mc PP4	^ RLS 2	^ RLS 8**"**	^ subscapularis	^ supraspinatus	^ infraspinatus
T6	RLS 5	RLS 8'	longis.thor.&cers.	spinalis thoracis	iliocostalis lumbo.
^ Mt PP4	^ LLS 9	^ RLS 8	^quad.plantae,med.	^interos.lumb.#1	^quad.plantae,lat.
12(34) Lunate as 3-Day Bone - Inhale to Ethmoid Cells, Front Cells**;** Exhale with Fixed Occipital Bone					
Allltime Aligners: L5**/** pisiforms, Mc Ss 2**/** incuses, Mc Ss 1**/** hyoid, Mt Ss 1**/** patellas**; 3-Day Aligner: Dermatome T8**					
Center-of-Gravity for below is Day 1 > Lower 2nd Pre-Molar**;** Day 2 > L1**;** Day 3 > Pyloric Gland					
Day 1 B. T.> Sup. Petrosal Sinus >Low.2nd Pre-M.>Inf. Fr. Gy.,Orb.		Day 2 Breath Tract >Cavernous Sinus 3 > L1 > Highest Nasal Concha		Day 3 Breath Tract > Maxillary Sinus > Pyloric Gland > Lunate	
Bone Scaffold	Breath Tracts	Change Instigators	Day 1 Muscles	Day 2 Muscles	Day 3 Muscles
out in	out in	out in	out in	out in	out in
high.n.concha	cav. s. 3	L1	dilator	sphincter	orbitalis
^ lunate	**^ maxillary s.**	**^ pyloric gland**	**^ l.bun.bile duct**	**^ bile duct sphin.**	**^ hepat.am.sphin.**
C7	l. s. d. a.	up.1st molar	lev.anguli oris	depres.septi nasi	depres.ang.oris
^ trapezoid	^ RLS 2	^ LLS 7+8**"**	^pecto.maj.,clav.p.	^pectoralis minor	^pecto.maj.,ster.p.
rib 6	RLS 5	LLS 7+8'	semispinalis cers.	splenius cers.	semispinalis thor.
^cun.intermed	^ LLS 9	^ LLS 7+8	^interos.plantar	^interos.lumb.#2,3,4	^ interos. dorsal

Malleus, Incus, Upper Hip, Pelvic Hip as 3-Day Bones (showing each one's Breath-Receiving Area)

13(49) Malleus as 3-Day Bone - Inhale to Maxillary Sinus, Top Area**;** Exhale with Fixed Temporal Bone

Allltime Aligners: L5**/** pisiforms, Mc Ss 2**/** incuses, Mc Ss 1**/** hyoid, Mt Ss 1**/** patellas**; 3-Day Aligner: Dermatome T9**

Center-of-Gravity for below is Day 1>Up.1st Pre-Molar**;** Day 2>Peyer's Patches,etc.**;** Day 3>Abducent Nerve

Day 1 B. T. > Inf. Petrosal Sinus >Up.1st Pre-M.>Supramarginal G.	Day 2 Breath Tract >Cavernous Sinus 4 > Peyer's Patches, etc. > Nasal Bone	Day 3 Breath Tract > Tympanic Cells > Abducent Nerve > Malleus

Bone Scaffold		Breath Tracts		Change Instigators		Day 1 Muscles		Day 2 Muscles		Day 3 Muscles	
out	in	out	in	out	in	out	in	out	in	out	in
nasal		cav. s. 4		Pey.'s Pat.,etc.		dilator		sphincter		orbitalis	
^ malleus		**^ tympanic c.**		**^ abducent n.**		**^large intest.,l.f.**		**^large intest.,cir.f.**		**^large intest.,m.m.**	
Cx 1		saccule		pelvic hip		lev.labii.su.ala.na.		eye's lat. rectus		mentalis	
^ Mc MP4		^ LLS 3		^ RLS 7**"**		^trapezius, fnt.p.2		^trapezius,mid.p.		^trapezius, back p.	
T7		LLS 6		RLS 7**'**		long.col., sup.obl.p.		long. col., vert. p.		long. col., inf.obl. p.	
^ Mt MP4		^ RLS 9		^ RLS 7		^extn.hal./dig.bre.		^extn.hal.longus		^extn.dig.longus	

14(50) Incus as 3-Day Bone - Inhale to Maxillary Sinus, Bottom Area**;** Exhale with Fixed Zygomatic Bone

Allltime Aligners: L5**/** pisiforms, Mc Ss 2**/** incuses, Mc Ss 1**/** hyoid, Mt Ss 1**/** patellas**; 3-Day Aligner: Dermatome T10**

Center-of-Gravity for below is Day 1 > Lower 1st Pre-Molar**;** Day 2 > L2.**;** Day 3 > Spleen

Day 1 B. T. > Inf. Petrosal Sinus >Low.1st Pre-M.>Sup.TemporalG.	Day 2 Breath Tract >Cavernous Sinus 4 > L2 > Frontal Bone	Day 3 Breath Tract > Tympanic Cells > Spleen > Incus

Bone Scaffold		Breath Tracts		Change Instigators		Day 1 Muscles		Day 2 Muscles		Day 3 Muscles	
out	in	out	in	out	in	out	in	out	in	out	in
frontal		cav. s. 4		L2		dilator		sphincter		orbitalis	
^ incus		**^ tympanic c.**		**^ spleen**		**^ rectum, l. f.**		**^ rectum, cir. f.**		**^ rectum, m.m.**	
Cx 2		saccule		upper hip		auricularis ant.		auricularis sup.		auricularis post.	
^ capitate		^ LLS 3		^ RLS 6**"**		^rhomboid minor		^levator scapulae		^rhomboid major	
rib 7		LLS 6		RLS 6**'**		rectus cap. ant.		obl. capitis sup.		rectus cap. lat.	
^cuneiform lat.		^ RLS 9		^ RLS 6		^gastrocnemius,med.		^ plantaris		^gastrocnemius,lat.h.	

15(51) Upper Hip as 3-Day Bone - Inhale to Tympanic Cells, Top Cells**;** Exhale with Fixed Lacrimal Bone

Allltime Aligners: L5**/** pisiforms, Mc Ss 2**/** incuses, Mc Ss 1**/** hyoid, Mt Ss 1**/** patellas**; 3-Day Aligner: Dermatome T11**

Center-of-Gravity for below is Day 1> Med. Ss of Mt Ss 1**;** Day 2> Peyer's Pat.,etc.**;** Day 3> Subclavian Art.

Day 1 B. T. > Inf. Petrosal Sinus >Med.Mt Ss>Mid.Tem.Gy.+Lac.B.	Day 2 Breath Tract >Cavernous Sinus 4 > Peyer's Patches, etc. > Nasal Bone	Day 3 Breath Tract > Tympanic Cells > Subclavian Artery > Upper Hip

Bone Scaffold		Breath Tracts		Change Instigators		Day 1 Muscles		Day 2 Muscles		Day 3 Muscles	
out	in	out	in	out	in	out	in	out	in	out	in
nasal		cav. s. 4		Pey.'s Pat.,etc.		dilator		sphincter		orbitalis	
^ upper hip		**^ tympanic c.**		**^subclavian art.**		**^ conjoined l.**		**^ int. anal sphin.**		**^ anal canal, m.m.**	
Cx 3		saccule		incus		lev.labii superioris		eye's sup.rectus		depres.labii infer.	
^ Mc DP4		^ LLS 3		^ LLS 6**"**		^triceps brc.,long		^triceps brc.,med.		^triceps brc.,lat.h.	
T8		LLS 6		LLS 6**'**		rec.cap.post.min.		longus capitis		rec.cap.post.maj.	
^ Mt DP4		^ RLS 9		^ LLS 6		^ flexor dig.brev.		^flex.digi.mini.brev.		^ flexor dig.long.	

16(52) Pelvic Hip as 3-Day Bone - Inhale to Tympanic Cells, Bottom Cells**;** Exhale with Fixed Maxilla Bone

Allltime Aligners: L5**/** pisiforms, Mc Ss 2**/** incuses, Mc Ss 1**/** hyoid, Mt Ss 1**/** patellas**; 3-Day Aligner: Dermatome T12**

Center-of-Gravity for below is Day 1 > L5**;** Day 2 > L2.**;** Day 3 > Pancreas

Day 1 B. T. > Inf. Petrosal Sinus >L5 >Inf. Temporal G.+ Maxilla B.	Day 2 Breath Tract >Cavernous Sinus 4 > L2 > Frontal Bone	Day 3 Breath Tract > Tympanic Cells > Pancreas > Pelvic Hip

Bone Scaffold		Breath Tracts		Change Instigators		Day 1 Muscles		Day 2 Muscles		Day 3 Muscles	
out	in	out	in	out	in	out	in	out	in	out	in
frontal		cav. s. 4		L2		dilator		sphincter		orbitalis	
^ pelvic hip		**^ tympanic c.**		**^ pancreas**		**^corrug.cutis ani**		**^ext.anal sphin.**		**^ levator ani**	
Cx 4		saccule		malleus		lat.ptery., inf.h.		medial pterygoid		lat.ptery., sup.h.	
^ hamate		^ LLS 3		^ RLS 5**"**		^ coracobrachialis		^abdc.pollicis long.		^ brachialis	
rib 8		LLS 6		RLS 5**'**		semisp.cap.,med.		splenius capitis		semisp.cap.,lat.	
^ cuboid		^ RLS 9		^ RLS 5		^biceps fem.,short		^ quad. femoris		^biceps fem.,long	

Stapes, Hyoid, Femur, Tibia as 3-Day Bones (showing each one's Breath-Receiving Area)					
17(81) Stapes as 3-Day Bone - Inhale to Frontal Sinus, Top Area**;** Exhale with Fixed Upper Canine					
Allltime Aligners: L5**/** pisiforms, Mc Ss 2**/** incuses, Mc Ss 1**/** hyoid, Mt Ss 1**/** patellas**; 3-Day Aligner: Dermatome L1**					
Center-of-Gravity for below is Day 1> Upper Canine**;** Day 2> Spleen, etc.**;** Day 3> Vestibulocochlear Nerve					
Day 1 B. T. > Sup. Sagittal Sinus >Up.Canine>Angular Gy.+ Lat.Ss		Day 2 Breath Tract > Cavernous Sinus 5 > Spleen, etc. > Parietal Bone		Day 3 Breath Tract > Sphenoid Sinus > Vestibulocochlear Nerve > Stapes	
Bone Scaffold	Breath Tracts	Change Instigators	Day 1 Muscles	Day 2 Muscles	Day 3 Muscles
out in	out in	out in	out in	out in	out in
parietal	cav. s. 5	spleen, etc.	dilator	sphincter	orbitalis
^ stapes	**^sphenoid s.**	**^vestibulococ.n.**	**^int.obl.abdm.&cr.**	**^rec.abdm.,1st p.**	**^ext.obl.abdm.**
L1	out.hair cells	limen nasi	zygomatic.min.	helicis minor	zygomatic.maj**.**
^ Mc 3	^ RLS 3	^ LLS 5**"**	^add.pol.**,** obl. h.	^abdc.pollicis bre.	^add.pol.**,**trans.h.
T9	RLS 6	LLS 5**'**	palatopharyngeus	inf**.** pharyngeal con**.**	stylopharyngeus
^ Mt 3	^ LLS 10	^ LLS 5	^vastus medialis	^vastus intermedius	^vastus lateralis
18(82) Hyoid as 3-Day Bone - Inhale to Frontal S., Bottom Area**;** Exhale with Fixed Lower Canine					
Allltime Aligners: L5**/** pisiforms, Mc Ss 2**/** incuses, Mc Ss 1**/** hyoid, Mt Ss 1**/** patellas**; 3-Day Aligner: Dermatome L2**					
Center-of-Gravity for below is Day 1 > Lower Canine**;** Day 2 > L3**;** Day 3 > Thymus Gland					
Day 1 B. T. > Sup. Sagittal Sinus >Low.Canine>Lat.Occ.G.+Med.Ss		Day 2 Breath Tract > Cavernous Sinus 5 > L3 > Occipital Bone		Day 3 Breath Tract > Sphenoid Sinus > Thymus Gland > Hyoid	
Bone Scaffold	Breath Tracts	Change Instigators	Day 1 Muscles	Day 2 Muscles	Day 3 Muscles
out in	out in	out in	out in	out in	out in
occipital	cav. s. 5	L3	dilator	sphincter	orbitalis
^ hyoid	**^sphenoid s.**	**^ thymus gl.**	**^transversus thor.**	**^rec.abdm.,2nd p.**	**^transversus abdm.**
L2	out.hair cells	agger nasi	deep masseter	temporalis	supf. masseter
^trapezium	^ RLS 3	^ RLS 4**"**	^opponens pol.	^palmaris brevis	^opponens digi.min.
rib 9	RLS 6	RLS 4**'**	cricothyroid, obl. p.	cricopharyngeus	cricothyroid, str. p.
^cun.med.	^ LLS 10	^ RLS 4	^semitendinosus	^articularis genu	^semimembranosus
19(83) Femur as 3-Day Bone - Inhale to Mastoid Cells, Top Cells**;** Exhale with Fixed Upper Lateral Incisor					
Allltime Aligners: L5**/** pisiforms, Mc Ss 2**/** incuses, Mc Ss 1**/** hyoid, Mt Ss 1**/** patellas**; 3-Day Aligner: Dermatome L3**					
Center-of-Gravity for below is Day 1 > Upper Lateral Incisor**;** Day 2 > Spleen, etc.**;** Day 3 > Celiac Trunk					
Day 1 B. T. > Sup. Sagittal Sinus >Up.Lat.Inc.>Med.Occ.G.+Lat.Ss		Day 2 Breath Tract > Cavernous Sinus 5 > Spleen, etc. > Parietal Bone		Day 3 Breath Tract > Sphenoid Sinus > Celiac Trunk > Femur	
Bone Scaffold	Breath Tracts	Change Instigators	Day 1 Muscles	Day 2 Muscles	Day 3 Muscles
out in	out in	out in	out in	out in	out in
parietal	cav. s. 5	spleen, etc.	dilator	sphincter	orbitalis
^ femur	**^sphenoid s.**	**^celiac trunk**	**^serratus ant.,up.p.**	**^rec.abdm.,3rd p.**	**^serratus ant.,low.**
L3	out.hair cells	ethmoidal bulla	tragicus	helicis major	antitragicus
^ Mc PP3	^ RLS 3	^ LLS 4**"**	^ flex.pollicis brev.	^ abdc.digi.min.	^flex.digi.min.brev.
T10	RLS 6	LLS 4**'**	orbc.oris, deep fibers	sup. pharyn. con.	buccinator
^ Mt PP3	^ LLS 10	^ LLS 4	^ iliacus	^ psoas	^quad.lumborum
20(84) Tibia as 3-Day Bone - Inhale to Mastoid Cells, Bottom Cells**;** Exhale with Fixed Lower Lateral Incisor					
Allltime Aligners: L5**/** pisiforms, Mc Ss 2**/** incuses, Mc Ss 1**/** hyoid, Mt Ss 1**/** patellas**; 3-Day Aligner: Dermatome L4**					
Center-of-Gravity for below is Day 1 > Lower Lateral Incisor**;** Day 2 > L3**;** Day 3 > Suprarenal Gland					
Day 1 B. T. > Sup. Sagittal Sinus >Low.Lat.Inc.>Parahip.G.+Med.Ss		Day 2 Breath Tract > Cavernous Sinus 5 > L3 > Occipital Bone		Day 3 Breath Tract > Sphenoid Sinus > Suprarenal Gland > Tibia	
Bone Scaffold	Breath Tracts	Change Instigators	Day 1 Muscles	Day 2 Muscles	Day 3 Muscles
out in	out in	out in	out in	out in	out in
occipital	cav. s. 5	L3	dilator	sphincter	orbitalis
^ tibia	**^sphenoid s.**	**^suprarenal gl**	**^serratus post.sup**	**^rec.abdm.,4th/5th**	**^serratus post.inf.**
L4	out.hair cells	uncinate process	procerus	epicranius	corrug.supercilii
^ Mc 1	^ RLS 3	^ RLS 3**"**	^ interos. palmar	^ interos.lumb.	^ interos. dorsal
rib 10	RLS 6	RLS 3**'**	digastric, ant. belly	mid. pharyn. con.	digastric, post.belly
^ Mt 1	^ LLS 10	^ RLS 3	^ gluteus minimus	^ gluteus maximus	^gluteus medius

Fibula, Patella, Calcaneus, Talus as 3-Day Bones (showing each one's Breath-Receiving Area)					
21(113) Fibula as 3-Day Bone - Inhale to Top Right Lung Segment; Exhale with Fixed Upper Central Incisor					
Allltime Aligners: L5/ pisiforms, Mc Ss 2/ incuses, Mc Ss 1/ hyoid, Mt Ss 1/ patellas; **3-Day Aligner: Dermatome L5**					
Center-of-Gravity for below is Day 1 > Upper Central Incisor; Day 2 > Thymus, etc.; Day 3 > Vagus Nerve					
Day 1 B. T. > Inf. Sagittal Sinus >Up.Cen.Inc.>Postcen.G.+Lat.Ss		Day 2 Breath Tract >Cavernous Sinus 6 > Thymus, etc. > Temporal Bone		Day 3 Breath Tract > Ethmoid Cells > Vagus Nerve > Fibula	
Bone Scaffold	Breath Tracts	Change Instigators	Day 1 Muscles	Day 2 Muscles	Day 3 Muscles
out in	out in	out in	out in	out in	out in
temporal	cav. s. 6	thymus, etc.	dilator	sphincter	orbitalis
^ fibula	**^ethmoid c.**	**^ vagus nerve**	**^sternoclei.,ster.h.**	**^pyramidalis**	**^sternoclei.,clav.h.**
L5	in. hair cells	L5	sternothyroid	sternohyoid	thyrohyoid
^ Mc MP3	^ LLS 4	^ LLS 3"	^ bic.brc.,short h.	^ anconeus	^ bic.brc., long h.
T11	RLS 7	LLS 3'	omohyoid, sup.bel.	subclavius	omohyoid, inf.belly
^ Mt MP3	^ RLS 10	^ LLS 3	^ tibialis ant.	^ flex.hal.brev.	^ tibialis post.
22(114) Patella as 3-Day Bone - Inhale to Middle Right Lung Segment; Exhale with Fixed Lower Central Incisor					
Allltime Aligners: L5/ pisiforms, Mc Ss 2/ incuses, Mc Ss 1/ hyoid, Mt Ss 1/ patellas; **3-Day Aligner: Dermatome S1**					
Center-of-Gravity for below is Day 1 > Lower Central Incisor; Day 2 > L4; Day 3 > Tonsils					
Day 1 B. T. > Inf. Sagittal Sinus >Low.Cen.Inc.>Precen.G.+Lat.Ss		Day 2 Breath Tract >Cavernous Sinus 6 > L4 > Zygomatic Bone		Day 3 Breath Tract > Ethmoid Cells > Tonsils > Patella	
Bone Scaffold	Breath Tracts	Change Instigators	Day 1 Muscles	Day 2 Muscles	Day 3 Muscles
out in	out in	out in	out in	out in	out in
zygomatic	cav. s. 6	L4	dilator	sphincter	orbitalis
^ patella	**^ethmoid c.**	**^ tonsils**	**^int. intercostal**	**^inner.intercostal**	**^ext. intercostal**
Mc Ss 2	in. hair cells	Mc Ss 2	diaphr, ant.costal p.	diaphragm, ster.p.	diaphr.,post.lum./crs.
^ Mc PP1	^ LLS 4	^ RLS 2"	^ supinator	^ pronator quad.	^ pronator teres
rib 11	RLS 7	RLS 2'	geniohyoid	mylohyoid	stylohyoid
^ Mt PP1	^ RLS 10	^ RLS 2	^ fibularis brev.	^ flex.hal.long.	^ fibularis long.
23(115) Calcaneus as 3-Day Bone - Inhale to Bottom Right Lung Segment; Exhale with Fixed Body of Mandible					
Allltime Aligners: L5/ pisiforms, Mc Ss 2/ incuses, Mc Ss 1/ hyoid, Mt Ss 1/ patellas; **3-Day Aligner: Dermatome S2**					
Center-of-Gravity for below is Day 1 > Medial Ss of Mc Ss 1; Day 2 > Thymus, etc.; Day 3 > Iliac Artery					
Day 1 B. T. > Inf. Sagittal Sinus >Med.McSs>Mid.Front.G.+B.of M.		Day 2 Breath Tract >Cavernous Sinus 6 > Thymus, etc. > Temporal Bone		Day 3 Breath Tract > Ethmoid Cells > Iliac Artery > Calcaneus	
Bone Scaffold	Breath Tracts	Change Instigators	Day 1 Muscles	Day 2 Muscles	Day 3 Muscles
out in	out in	out in	out in	out in	out in
temporal	cav. s. 6	thymus, etc.	dilator	sphincter	orbitalis
^calcaneus	**^ethmoid c.**	**^ iliac artery**	**^bulbocavernosus**	**^supf.trans.peri.**	**^ischiocavernosus**
Mc Ss 1	in. hair cells	Mc Ss 1	genioglossus, hor.f.	genioglossus, obl.f.	genioglossus, vert.f.
^ Mc DP3	^ LLS 4	^ LLS 1+2"	^ extn. digitorum	^extn.carpi ulnaris	^ extn.digi.mini.
T12	RLS 7	LLS 1+2'	palatoglossus	hyoglossus	styloglossus
^ Mt DP3	^ RLS 10	^ LLS 1+2	^ tens. fasc. latae	^ sartorius	^ rectus femoris
24(116) Talus as 3-Day Bone - Inhale to Top Left Lung Segment; Exhale with Fixed Ramus of Mandible					
Allltime Aligners: L5/ pisiforms, Mc Ss 2/ incuses, Mc Ss 1/ hyoid, Mt Ss 1/ patellas; **3-Day Aligner: Dermatome S3**					
Center-of-Gravity for below is Day 1 > Mc Ss 2; Day 2 > L4; Day 3 > Gonads					
Day 1 B. T. > Inf. Sagittal Sinus >Mc Ss 2>Sup.Front.Gy.+R.of M.		Day 2 Breath Tract >Cavernous Sinus 6 > L4 > Zygomatic Bone		Day 3 Breath Tract > Ethmoid Cells > Gonads > Talus	
Bone Scaffold	Breath Tracts	Change Instigators	Day 1 Muscles	Day 2 Muscles	Day 3 Muscles
out in	out in	out in	out in	out in	out in
zygomatic	cav. s. 6	L4	dilator	sphincter	orbitalis
^ talus	**^ethmoid c.**	**^ gonads**	**^urethrov./ur.sphin**	**^deep trans.peri.**	**^compres.urethrae**
Mt Ss 1	in. hair cells	Mt Ss 1	ins.tongue, sup.l.f.	ins.tongue,ver/trans.f.	ins.tongue, inf.l.f.
^ Mc DP1	^ LLS 4	^ RLS 1"	^ flex.dig.profundus	^ flex.pollicis long.	^ flex.dig.superf.
rib 12	RLS 7	RLS 1'	scalene, anterior	scalene, middle	scalene, posterior
^ Mt DP1	^ RLS 10	^ RLS 1	^ adductor brev.	^ pectineus	^ adductor long.

C1, C2, C3, C4 as 3-Day Bones (showing each one's Breath-Receiving Area)					
25(21) C1 as 3-Day Bone - Inhale to Inferior Nasal Meatus**;** Exhale with Fixed Ethmoid Bone					
Allltime Aligners: L5**/** pisiforms, Mc Ss 2**/** incuses, Mc Ss 1**/** hyoid, Mt Ss 1**/** patellas**; 3-Day Aligner: Dermatome C5**					
Center-of-Gravity for below is Day 1 > S3; Day 2 > Thoracic Duct, etc.; Day 3 > Lower 2nd Molar					
Day1 B.T.>Sigmoid**/**Transverse S. > S3 > Long Gyrus & Ethmoid B.		Day 2 Breath Tract > Cavernous Sinus 1 > Thor. Duct, etc.> Sup. Nasal Concha		Day 3 B. T.>Ant.Semicircular Duct Ampulla > Lower 2nd Molar > C1	
Bone Scaffold	Breath Tracts	Change Instigators	Day 1 Muscles	Day 2 Muscles	Day 3 Muscles
out in	out in	out in	out in	out in	out in
sup.n.concha	cav. s. 1	thor. duct, etc.	dilator	sphincter	orbitalis
^xiphoid proc.	^ frontal s.	^ethmoid 6thpar.	^ ciliaris, l. f.	^ ciliaris,cir. f.	^ ciliaris,radial f.
C1	**a.s.d.a.**	**low. 2nd molar**	**same muscle**	**same muscle**	**same muscle**
^ Mc 5	^ RLS 1	^ low.2nd pre-m.	^ same muscle	^ same muscle	^ same muscle
T1	RLS 4	low.1st pre-molar	same muscle	same muscle	same muscle
^ Mt 5	^ LLS 7+8	^low.central inc.	^ same muscle	^ same muscle	^ same muscle
26(22) C2 as 3-Day Bone - Inhale to Middle Nasal Meatus**;** Exhale with Fixed Sphenoid Bone					
Allltime Aligners: L5**/** pisiforms, Mc Ss 2**/** incuses, Mc Ss 1**/** hyoid, Mt Ss 1**/** patellas**; 3-Day Aligner: Dermatome C6**					
Center-of-Gravity for below is Day 1 > C5**;** Day 2 > L1.; Day 3 > Upper 2nd Molar					
Day1 B.T.>Sigmoid**/**Transverse S. >C5 >Short Gyrus & Sphenoid B.		Day 2 Breath Tract > Cavernous Sinus 1 > L1 > Highest Nasal Concha		Day 3 B. T.>Ant.Semicircular Duct Ampulla > Upper 2nd Molar > C2	
Bone Scaffold	Breath Tracts	Change Instigators	Day 1 Muscles	Day 2 Muscles	Day 3 Muscles
out in	out in	out in	out in	out in	out in
high.n.concha	cav. s. 1	L1	dilator	sphincter	orbitalis
^ sternum	^ frontal s.	^bone marrow	^ uter./scro.,l.f.	^ uter./scro.,cir.f.	^ uter./scro.,ra. f.
C2	**a.s.d.a.**	**up. 2nd molar**	**same muscle**	**same muscle**	**same muscle**
^ Mc 2	^ RLS 1	^ up.2nd pre-m.	^ same muscle	^ same muscle	^ same muscle
rib 1	RLS 4	up.1st pre-molar	same muscle	same muscle	same muscle
^ Mt 2	^ LLS 7+8	^up.central inc.	^ same muscle	^ same muscle	^ same muscle
27(23) C3 as 3-Day Bone - Inhale to Superior Nasal Meatus**;** Exhale with Fixed Vomer Bone					
Allltime Aligners: L5**/** pisiforms, Mc Ss 2**/** incuses, Mc Ss 1**/** hyoid, Mt Ss 1**/** patellas**; 3-Day Aligner: Dermatome C7**					
Center-of-Gravity for below is Day 1>Maxilla Alveolar Process**;** Day 2>Thoracic Duct, etc.**;** Day 3> Lunate					
Day1 B.T.>Sigmoid**/**Transverse S. >Maxilla Alveo.Proc.>Dentate Gy.		Day 2 Breath Tract > Cavernous Sinus 1 > Thor. Duct, etc.> Sup. Nasal Concha		Day 3 B. T.>Ant.Semicircular Duct Ampulla > Lunate > C3	
Bone Scaffold	Breath Tracts	Change Instigators	Day 1 Muscles	Day 2 Muscles	Day 3 Muscles
out in	out in	out in	out in	out in	out in
sup.n.concha	cav. s. 1	thor. duct, etc.	dilator	sphincter	orbitalis
^manubrium	^ frontal s.	^ carotid art.	**^same muscle for**	**^same muscle for**	**^same muscle for**
C3	**a.s.d.a.**	**lunate**	**all 5 body bones:**	**all 5 body bones:**	**all 5 body bones:**
^ Mc PP5	^ RLS 1	^ tibia	^ levator palpebrae	^ levator palpebrae	^ levator palpebrae
T2	RLS 4	talus	superioris**,**	superioris**,**	superioris**,**
^ Mt PP5	^ LLS 7+8	^ low.lat.inc.	^superficial lamella	^ middle lamella	^ deep lamella
28(24) C4 as 3-Day Bone - Inhale to Sphenoid Sinus, Front Area**;** Exhale with Fixed Palatine Bone					
Allltime Aligners: L5**/** pisiforms, Mc Ss 2**/** incuses, Mc Ss 1**/** hyoid, Mt Ss 1**/** patellas**; 3-Day Aligner: Dermatome C8**					
Center-of-Gravity for below is Day 1> Mandible Alveolar Process**;** Day 2 > L1**;** Day 3 > Hook of Hamate					
Day1 B.T.>Sigmoid**/**Transverse S. >Mandible Alveo.Proc.>Orbital Gy		Day 2 Breath Tract > Cavernous Sinus 1 > L1 > Highest Nasal Concha		Day 3 B. T.>Ant.Semicircular Duct Ampulla > Hook of Hamate > C4	
Bone Scaffold	Breath Tracts	Change Instigators	Day 1 Muscles	Day 2 Muscles	Day 3 Muscles
out in	out in	out in	out in	out in	out in
high.n.concha	cav. s. 1	L1	dilator	sphincter	orbitalis
^ clavicle	^ frontal s.	^ pineal gland	^ bladder, l. f.	^ bladder, cir.f.	^bladder,radial f.
C4	**a.s.d.a.**	**hook of hamate**	**same muscle**	**same muscle**	**same muscle**
^ Mc PP2	^ RLS 1	^ femur	^ same muscle	^ same muscle	^ same muscle
rib 2	RLS 4	calcaneus	same muscle	same muscle	same muscle
^ Mt PP2	^ LLS 7+8	^ up.lat.inc.	^ same muscle	^ same muscle	^ same muscle

S5, S4, S3, C5 as 3-Day Bones (showing each one's Breath-Receiving Area)					
29(25) S5 as 3-Day Bone - Inhale to Nasolacrimal Duct (N.D.)**;** Exhale with Fixed Inferior Nasal Concha (N.C.)					
Allltime Aligners: L5**/** pisiforms, Mc Ss 2**/** incuses, Mc Ss 1**/** hyoid, Mt Ss 1**/** patellas**; 3-Day Aligner: Dermatome T1**					
Center-of-Gravity for below is Day 1> Upper Wisdom Tooth**;** Day 2> Thoracic Duct, etc.**;** Day 3> Pisiform					
Day 1 B.T.> Straight**/**Occipital S. >Up. Wisdom Tooth>Straight Gy.		Day 2 Breath Tract > Cavernous Sinus 2 > Thor. Duct, etc.> Sup. Nasal Concha		Day 3 B.T.>Post.Semicircular Duct Ampulla > Pisiform > S5	
Bone Scaffold	Breath Tracts	Change Instigators	Day 1 Muscles	Day 2 Muscles	Day 3 Muscles
out in	out in	out in	out in	out in	out in
sup.n.concha	cav. s. 2	thor. duct, etc.	dilator	sphincter	orbitalis
^ scapula	^ mastoid c.	^ optic nerve	^ platysma	^ hair follicle m's.	^ temporoparietalis
S5	**p. s. d. a.**	**pisiform**	**thyroepiglottic**	**inf. obl. of eye**	**aryepiglottic**
^ Mc MP5	^ LLS 1+2	^ hyoid	^deltoid, back p.	^deltoid, middle p.	^deltoid,2nd fnt.p.
T3	LLS 5	patella	rotatores brevis	multifidi	rotatores longus
^ Mt MP5	^ RLS 8	^lower canine	^ inf. gemellus	^obturator externus	^ sup. gemellus
30(26) S4 as 3-Day Bone - Inhale to N. D. & Backmost Front Nasal Groove**;** Exhale with Fixed Middle N. C.					
Allltime Aligners: L5**/** pisiforms, Mc Ss 2**/** incuses, Mc Ss 1**/** hyoid, Mt Ss 1**/** patellas**; 3-Day Aligner: Dermatome T2**					
Center-of-Gravity for below is Day 1 > Lower Wisdom Tooth**;** Day 2 > L1**;** Day 3 > Triquetrum					
Day 1 B.T.> Straight**/**Occipital S. >Low.Wis.Tooth>Subcallosal Gy.		Day 2 Breath Tract > Cavernous Sinus 2 > L1 > Highest Nasal Concha		Day 3 B.T.>Post.Semicircular Duct Ampulla > Triquetrum > S4	
Bone Scaffold	Breath Tracts	Change Instigators	Day 1 Muscles	Day 2 Muscles	Day 3 Muscles
out in	out in	out in	out in	out in	out in
high.n.concha	cav. s. 2	L1	dilator	sphincter	orbitalis
^ humerus	^ mastoid c.	^thoracic duct	^lev.costae brev.	^circulatory sys.m's.	^ lev.costae long.
S4	**p. s. d. a.**	**triquetrum**	**obl. arytenoid**	**acces.mus.bun.**	**trans. arytenoid**
^ Mc MP2	^ LLS 1+2	^ stapes	^ flex.carpi rad.	^ palmaris long.	^ flex.carpi ulnaris
rib 3	LLS 5	fibula	intertrans.cer.a&p	intertrans.lum.t&m	intertrans.lum.lat.
^ Mt MP2	^ RLS 8	^upper canine	^ishiococcygeus	^obturator internus	^ piriformis
31(27) S3 as 3-Day Bone - Inhale to Middle Front Nasal Groove**;** Exhale with Fixed Superior Nasal Concha					
Allltime Aligners: L5**/** pisiforms, Mc Ss 2**/** incuses, Mc Ss 1**/** hyoid, Mt Ss 1**/** patellas**; 3-Day Aligner: Dermatome T3**					
Center-of-Gravity for below is Day 1>Upper 2nd Molar**;** Day 2>Thoracic Duct, etc.; Day 3>(?) Utricle (3 Part)					
Day 1 B.T.> Straight**/**Occipital S. >Upper 2nd Molar>Cingulate Gy.		Day 2 Breath Tract > Cavernous Sinus 2 > Thor. Duct, etc.> Sup. Nasal Concha		Day 3 B.T.>Post.Semicircular Duct Ampulla > (?) Utricle (3 Part) > S3	
Bone Scaffold	Breath Tracts	Change Instigators	Day 1 Muscles	Day 2 Muscles	Day 3 Muscles
out in	out in	out in	out in	out in	out in
sup.n.concha	cav. s. 2	thor. duct, etc.	dilator	sphincter	orbitalis
^ radius	^ mastoid c.	^ parathyroids	^ heart, ant.pap.	^ heart, sep.pap.	^ heart, post.pap.
S3	**p. s. d. a.**	**utricle (3 part)**	**lat.cricoarytenoid**	**eye's sup.obl.**	**post.cricoarytenoid**
^ Mc DP5	^ LLS 1+2	^ RLS 10**"**	^ext.carpi rad.bre.	^brachioradialis	^ext.carpi rad.long.
T4	LLS 5	RLS 10**'**	levator veli palatini	salpingopharyngeus	tensor veli palatini
^ Mt DP5	^ RLS 8	^ RLS 10	^ add. minimus	^ gracilis	^ add. magnus
32(28) C5 as 3-Day Bone- Inhale to Frontmost Front Nasal Groove**;** Exhale with Fixed Highest Nasal Concha					
Allltime Aligners: L5**/** pisiforms, Mc Ss 2**/** incuses, Mc Ss 1**/** hyoid, Mt Ss 1**/** patellas**; 3-Day Aligner: Dermatome T4**					
Center-of-Gravity for below is Day 1 > Lower 2nd Molar**;** Day 2 > L1**;** Day 3 > (?) Saccule (3 Part)					
Day 1 B.T.> Straight**/**Occipital S. > Lower 2nd Molar > Lingual Gy.		Day 2 Breath Tract > Cavernous Sinus 2 > L1 > Highest Nasal Concha		Day 3 B.T.>Post.Semicircular Duct Ampulla > (?) Saccule (3 Part) > C5	
Bone Scaffold	Breath Tracts	Change Instigators	Day 1 Muscles	Day 2 Muscles	Day 3 Muscles
out in	out in	out in	out in	out in	out in
high.n.concha	cav. s. 2	L1	dilator	sphincter	orbitalis
^ ulna	^ mastoid c.	^ thyroid gland	^ heart, ant.pec.	^ heart, sep.pec.	^ heart, post.pec.
C5	**p. s. d. a.**	**saccule (3 part)**	**vocalis**	**obl. thyroarytenoid**	**thyroarytenoid**
^ Mc DP2	^ LLS 1+2	^ LLS 10**"**	^ ext.pollicis bre.	^extensor indicis	^ext.pollicis long.
rib 4	LLS 5	LLS 10**'**	tensor tympani	uvula	stapedius
^ Mt DP2	^ RLS 8	^ LLS 10	^soleus, inner p.	^ popliteus	^soleus, outer p.

S2, C6, S1, C7 as 3-Day Bones (showing each one's Breath-Receiving Area)					
33(29) S2 as 3-Day Bone - Inhale to Sphenoid Sinus, Top Back Area**;** Exhale with Fixed Nasal Bone					
Allltime Aligners: L5**/** pisiforms, Mc Ss 2**/** incuses, Mc Ss 1**/** hyoid, Mt Ss 1**/** patellas**; 3-Day Aligner: Dermatome T5**					
Center-of-Gravity of below is Day 1>Upper 1st Molar**;** Day 2>Thoracic Duct, etc.**;** Day 3>(?) 3-Item Hair Cells					
Day 1 B. T.> Sup. Petrosal Sinus > Up. 1st Molar > Inf. Frontal Gy.		Day 2 Breath Tract >Cavernous Sinus 3 > Thor. Duct, etc. > Sup. Nasal Concha		Day 3 B.T.>Lat.Semicircular Duct Ampulla > (?) 3-Item Hair Cells > S2	
Bone Scaffold	Breath Tracts	Change Instigators	Day 1 Muscles	Day 2 Muscles	Day 3 Muscles
out in	out in	out in	out in	out in	out in
sup.n.concha	cav. s. 3	thor. duct, etc.	dilator	sphincter	orbitalis
^ triquetrum	^ maxillary s.	^ trochlear n.	^esophagus, l. f.	^esophagus,cir.f.	^esophagus, m.m.
S2	**l. s. d. a.**	**3-item hair cells**	**nasalis, alar p.**	**eye's inf.rectus**	**nasalis, trans.p.**
^ Mc 4	^ RLS 2	^ RLS 9**"**	^ trapezius, frtm.p.	^pectoralis,abdm.p.	^ deltoid, frtm.part
T5	RLS 5	RLS 9**'**	longissimus capitis	spinalis cap.&cers.	ilioc. thor. & cers.
^ Mt 4	^ LLS 9	^ RLS 9	^add.hal.,obl.head	^abductor hallucis	^add.hal.,trans.h.
34(30) C6 as 3-Day Bone - Inhale to Sphenoid Sinus, Bottom Back Area**;** Exhale with Fixed Frontal Bone					
Allltime Aligners: L5**/** pisiforms, Mc Ss 2**/** incuses, Mc Ss 1**/** hyoid, Mt Ss 1**/** patellas**; 3-Day Aligner: Dermatome T6**					
Center-of-Gravity for below is Day 1 > Lower 1st Molar**;** Day 2 > L1**;** Day 3 > (?) Semicircular Ducts (3)					
Day 1 B. T.> Sup. Petrosal Sinus >Low.1st Molar > Inf. Fr. Gy., Op.		Day 2 Breath Tract >Cavernous Sinus 3 > L1 > Highest Nasal Concha		Day 3 B.T.>Lat.Semicircular Duct Ampulla > (?) Semicircular Ducts (3) > C6	
Bone Scaffold	Breath Tracts	Change Instigators	Day 1 Muscles	Day 2 Muscles	Day 3 Muscles
out in	out in	out in	out in	out in	out in
high.n.concha	cav. s. 3	L1	dilator	sphincter	orbitalis
^ pisiform	^ maxillary s.	^ Peyer's pat.	^ stomach, l.lay.	^stomach,cir.lay.	^stomach,obl.lay.
C6	**l. s. d. a.**	**3 semicircular d.s**	**orbc.oculi, pal.p.**	**depres.supercilii**	**orbc.oculi, orb.p.**
^ scaphoid	^ RLS 2	^ LLS 9**"**	^ teres minor	^latissimus dorsi	^ teres major
rib 5	RLS 5	LLS 9**'**	interspin. cers.	obl. capitis inf.	interspin. lumbo.
^ navicular	^ LLS 9	^ LLS 9	^abdc.digi.mini.,med	^opponens digi.mini.	^abdc.digi.mini.,lat.
35(39) S1 as 3-Day Bone - Inhale to Ethmoid Cells, Back Cells**;** Exhale with Fixed Parietal Bone					
Allltime Aligners: L5**/** pisiforms, Mc Ss 2**/** incuses, Mc Ss 1**/** hyoid, Mt Ss 1**/** patellas**; 3-Day Aligner: Dermatome T7**					
Center-of-Gravity for below is Day 1>Up**.** 2nd Pre-Molar**;** Day 2>Thoracic Duct, etc.**;** Day 3>Low**.** 1st Molar					
Day 1 B. T.> Sup. Petrosal Sinus > Up.2nd Pre-M.> Inf. Fr. Gy., Tri.		Day 2 Breath Tract >Cavernous Sinus 3 > Thor. Duct, etc. > Sup. Nasal Concha		Day 3 Breath Tract > Utricle of Ear > Lower 1st Molar > S1	
Bone Scaffold	Breath Tracts	Change Instigators	Day 1 Muscles	Day 2 Muscles	Day 3 Muscles
out in	out in	out in	out in	out in	out in
sup.n.concha	cav. s. 3	thor. duct, etc.	dilator	sphincter	orbitalis
^hamate hook	^ maxillary s.	^ aorta	^sm.intest.,l. f.	^sm.intest.,cir.f.	^sm.intest.,m.m.
S1	**utricle**	**low.1st molar**	**orbc.oris, supf. f.**	**eye's med.rectus**	**risorius**
^ Mc PP4	^ RLS 2	^ RLS 8**"**	^ subscapularis	^ supraspinatus	^ infraspinatus
T6	RLS 5	RLS 8**'**	longis.thor.&cers.	spinalis thoracis	iliocostalis lumbo.
^ Mt PP4	^ LLS 9	^ RLS 8	^quad.plantae,med.	^interos.lumb.#1	^quad.plantae,lat.
36(40) C7 as 3-Day Bone - Inhale to Ethmoid Cells, Front Cells**;** Exhale with Fixed Occipital Bone					
Allltime Aligners: L5**/** pisiforms, Mc Ss 2**/** incuses, Mc Ss 1**/** hyoid, Mt Ss 1**/** patellas**; 3-Day Aligner: Dermatome T8**					
Center-of-Gravity for below is Day 1 > Lower 2nd Pre-Molar**;** Day 2 > L1**;** Day 3 > Upper 1st Molar					
Day 1 B. T.> Sup. Petrosal Sinus >Low.2nd Pre-M.>Inf. Fr. Gy.,Orb.		Day 2 Breath Tract >Cavernous Sinus 3 > L1 > Highest Nasal Concha		Day 3 Breath Tract > Utricle of Ear > Upper 1st Molar > C7	
Bone Scaffold	Breath Tracts	Change Instigators	Day 1 Muscles	Day 2 Muscles	Day 3 Muscles
out in	out in	out in	out in	out in	out in
high.n.concha	cav. s. 3	L1	dilator	sphincter	orbitalis
^ lunate	^ maxillary s.	^ pyloric gland	^ l.bun.bile duct	^ bile duct sphin.	^ hepat.am.sphin.
C7	**utricle**	**up.1st molar**	**lev.anguli oris**	**depres.septi nasi**	**depres.ang.oris**
^ trapezoid	^ RLS 2	^ LLS 7+8**"**	^pecto.maj.,clav.p.	^pectoralis minor	^pecto.maj.,ster.p.
rib 6	RLS 5	LLS 7+8**'**	semispinalis cers.	splenius cers.	semispinalis thor.
^cun.intermed	^ LLS 9	^ LLS 7+8	^interos.plantar	^interos.lumb.#2,3,4	^ interos. dorsal

Cx 1, Cx 2, Cx 3, Cx 4 as 3-Day Bones (showing each one's Breath-Receiving Area)					
37(41) Cx 1 as 3-Day Bone - Inhale to Maxillary Sinus, Top Area**;** Exhale with Fixed Temporal Bone					
Allltime Aligners: L5**/** pisiforms, Mc Ss 2**/** incuses, Mc Ss 1**/** hyoid, Mt Ss 1**/** patellas**; 3-Day Aligner: Dermatome T9**					
Center-of-Gravity for below is Day 1> Up.1st Pre-Molar**;** Day 2> Peyer's Patches,etc.**;** Day 3> Pelvic Hip					
Day 1 B. T. > Inf. Petrosal Sinus >Up.1st Pre-M.>Supramarginal G.		Day 2 Breath Tract >Cavernous Sinus 4 > Peyer's Patches, etc. > Nasal Bone		Day 3 Breath Tract > Saccule of Ear > Pelvic Hip > Cx 1	
Bone Scaffold	Breath Tracts	Change Instigators	Day 1 Muscles	Day 2 Muscles	Day 3 Muscles
out in	out in	out in	out in	out in	out in
nasal	cav. s. 4	Pey.'s Pat.,etc.	dilator	sphincter	orbitalis
^ malleus	^ tympanic c.	^ abducent n.	^large intest.,l.f.	^large intest.,cir.f.	^large intest.,m.m.
Cx 1	**saccule**	**pelvic hip**	**lev.labii.su.ala.na.**	**eye's lat. rectus**	**mentalis**
^ Mc MP4	^ LLS 3	^ RLS 7**"**	^trapezius, fnt.p.2	^trapezius,mid.p.	^trapezius, back p.
T7	LLS 6	RLS 7**'**	long.col., sup.obl.p.	long. col., vert. p.	long. col., inf.obl. p.
^ Mt MP4	^ RLS 9	^ RLS 7	^extn.hal./dig.bre.	^extn.hal.longus	^extn.dig.longus
38(42) Cx 2 as 3-Day Bone - Inhale to Maxillary Sinus, Bottom Area**;** Exhale with Fixed Zygomatic Bone					
Allltime Aligners: L5**/** pisiforms, Mc Ss 2**/** incuses, Mc Ss 1**/** hyoid, Mt Ss 1**/** patellas**; 3-Day Aligner: Dermatome T10**					
Center-of-Gravity for below is Day 1 > Lower 1st Pre-Molar**;** Day 2 > L2.**;** Day 3 > Upper Hip					
Day 1 B. T. > Inf. Petrosal Sinus >Low.1st Pre-M.>Sup.TemporalG.		Day 2 Breath Tract >Cavernous Sinus 4 > L2 > Frontal Bone		Day 3 Breath Tract > Saccule of Ear > Upper Hip > Cx 2	
Bone Scaffold	Breath Tracts	Change Instigators	Day 1 Muscles	Day 2 Muscles	Day 3 Muscles
out in	out in	out in	out in	out in	out in
frontal	cav. s. 4	L2	dilator	sphincter	orbitalis
^ incus	^ tympanic c.	^ spleen	^ rectum, l. f.	^ rectum, cir. f.	^ rectum, m.m.
Cx 2	**saccule**	**upper hip**	**auricularis ant.**	**auricularis sup.**	**auricularis post.**
^ capitate	^ LLS 3	^ RLS 6**"**	^rhomboid minor	^levator scapulae	^rhomboid major
rib 7	LLS 6	RLS 6**'**	rectus cap. ant.	obl. capitis sup.	rectus cap. lat.
^cuneiform lat.	^ RLS 9	^ RLS 6	^gastrocnemius,med.	^ plantaris	^gastrocnemius,lat.h.
39(43) Cx 3 as 3-Day Bone - Inhale to Tympanic Cells, Top Cells**;** Exhale with Fixed Lacrimal Bone					
Allltime Aligners: L5**/** pisiforms, Mc Ss 2**/** incuses, Mc Ss 1**/** hyoid, Mt Ss 1**/** patellas**; 3-Day Aligner: Dermatome T11**					
Center-of-Gravity for below is Day 1> Med. Ss of Mt Ss 1**;** Day 2> Peyer's Pat.,etc.**;** Day 3> Incus					
Day 1 B. T. > Inf. Petrosal Sinus >Med.Mt Ss>Mid.Tem.Gy.+Lac.B.		Day 2 Breath Tract >Cavernous Sinus 4 > Peyer's Patches, etc. > Nasal Bone		Day 3 Breath Tract > Saccule of Ear > Incus > Cx 3	
Bone Scaffold	Breath Tracts	Change Instigators	Day 1 Muscles	Day 2 Muscles	Day 3 Muscles
out in	out in	out in	out in	out in	out in
nasal	cav. s. 4	Pey.'s Pat.,etc.	dilator	sphincter	orbitalis
^ upper hip	^ tympanic c.	^subclavian art.	^ conjoined l.	^ int. anal sphin.	^ anal canal, m.m.
Cx 3	**saccule**	**incus**	**lev.labii superioris**	**eye's sup.rectus**	**depres.labii infer.**
^ Mc DP4	^ LLS 3	^ LLS 6**"**	^triceps brc.,long	^triceps brc.,med.	^triceps brc.,lat.h.
T8	LLS 6	LLS 6**'**	rec.cap.post.min.	longus capitis	rec.cap.post.maj.
^ Mt DP4	^ RLS 9	^ LLS 6	^ flexor dig.brev.	^flex.digi.mini.brev.	^ flexor dig.long.
40(44) Cx 4 as 3-Day Bone - Inhale to Tympanic Cells, Bottom Cells**;** Exhale with Fixed Maxilla Bone					
Allltime Aligners: L5**/** pisiforms, Mc Ss 2**/** incuses, Mc Ss 1**/** hyoid, Mt Ss 1**/** patellas**; 3-Day Aligner: Dermatome T12**					
Center-of-Gravity for below is Day 1 > L5**;** Day 2 > L2.**;** Day 3 > Malleus					
Day 1 B. T. > Inf. Petrosal Sinus >L5 >Inf. Temporal G.+ Maxilla B.		Day 2 Breath Tract >Cavernous Sinus 4 > L2 > Frontal Bone		Day 3 Breath Tract > Saccule of Ear > Malleus > Cx 4	
Bone Scaffold	Breath Tracts	Change Instigators	Day 1 Muscles	Day 2 Muscles	Day 3 Muscles
out in	out in	out in	out in	out in	out in
frontal	cav. s. 4	L2	dilator	sphincter	orbitalis
^ pelvic hip	^ tympanic c.	^ pancreas	^corrug.cutis ani	^ext.anal sphin.	^ levator ani
Cx 4	**saccule**	**malleus**	**lat.ptery., inf.h.**	**medial pterygoid**	**lat.ptery., sup.h.**
^ hamate	^ LLS 3	^ RLS 5**"**	^ coracobrachialis	^abdc.pollicis long.	^ brachialis
rib 8	LLS 6	RLS 5**'**	semisp.cap.,med.	splenius capitis	semisp.cap.,lat.
^ cuboid	^ RLS 9	^ RLS 5	^biceps fem.,short	^ quad. femoris	^biceps fem.,long

L1, L2, L3, L4 as 3-Day Bones (showing each one's Breath-Receiving Area)					
41(45) L1 as 3-Day Bone - Inhale to Frontal Sinus, Top Area; Exhale with Fixed Upper Canine					
Allltime Aligners: L5/ pisiforms, Mc Ss 2/ incuses, Mc Ss 1/ hyoid, Mt Ss 1/ patellas; **3-Day Aligner: Dermatome L1**					
Center-of-Gravity for below is Day 1>Upper Canine; Day 2>Peyer's Patches, etc.; Day 3>(?) Limen Nasi					
Day 1 B. T. > Sup. Sagittal Sinus >Up.Canine>Angular Gy.+ Lat.Ss		Day 2 Breath Tract > Cavernous Sinus 5 > Peyer's Patches, etc. > Nasal Bone		Day 3 Breath Tract > Outer Hair Cells > (?) Limen Nasi > L1	
Bone Scaffold	Breath Tracts	Change Instigators	Day 1 Muscles	Day 2 Muscles	Day 3 Muscles
out in	out in	out in	out in	out in	out in
nasal	cav. s. 5	Pey.'s Pat.,etc.	dilator	sphincter	orbitalis
^ stapes	^sphenoid s.	^vestibulococ.n.	^int.obl.abdm.&cr.	^rec.abdm.,1st p.	^ext.obl.abdm.
L1	**out.hair cells**	**limen nasi**	**zygomatic.min.**	**helicis minor**	**zygomatic.maj.**
^ Mc 3	^ RLS 3	^ LLS 5"	^add.pol., obl. h.	^abdc.pollicis bre.	^add.pol.,trans.h.
T9	RLS 6	LLS 5'	palatopharyngeus	inf. pharyngeal con.	stylopharyngeus
^ Mt 3	^ LLS 10	^ LLS 5	^vastus medialis	^vastus intermedius	^vastus lateralis
42(46) L2 as 3-Day Bone - Inhale to Frontal S., Bottom Area; Exhale with Fixed Lower Canine					
Allltime Aligners: L5/ pisiforms, Mc Ss 2/ incuses, Mc Ss 1/ hyoid, Mt Ss 1/ patellas; **3-Day Aligner: Dermatome L2**					
Center-of-Gravity for below is Day 1 > Lower Canine; Day 2 > L2; Day 3 > (?) Agger Nasi					
Day 1 B. T. > Sup. Sagittal Sinus >Low.Canine>Lat.Occ.G.+Med.Ss		Day 2 Breath Tract > Cavernous Sinus 5 > L2 > Frontal Bone		Day 3 Breath Tract > Outer Hair Cells > (?) Agger Nasi > L2	
Bone Scaffold	Breath Tracts	Change Instigators	Day 1 Muscles	Day 2 Muscles	Day 3 Muscles
out in	out in	out in	out in	out in	out in
frontal	cav. s. 5	L2	dilator	sphincter	orbitalis
^ hyoid	^sphenoid s.	^ thymus gl.	^ transversus thor.	^rec.abdm.,2nd p.	^ transversus abdm.
L2	**out.hair cells**	**agger nasi**	**deep masseter**	**temporalis**	**supf. masseter**
^trapezium	^ RLS 3	^ RLS 4"	^opponens pol.	^palmaris brevis	^opponens digi.min.
rib 9	RLS 6	RLS 4'	cricothyroid, obl.p.	cricopharyngeus	cricothyroid, str.p.
^cun.med.	^ LLS 10	^ RLS 4	^semitendinosus	^articularis genu	^semimembranosus
43(47) L3 as 3-Day Bone - Inhale to Mastoid Cells, Top Cells; Exhale with Fixed Upper Lateral Incisor					
Allltime Aligners: L5/ pisiforms, Mc Ss 2/ incuses, Mc Ss 1/ hyoid, Mt Ss 1/ patellas; **3-Day Aligner: Dermatome L3**					
Center-of-Gravity for below is Day 1>Upper Lateral Incisor; Day 2>Peyer's Patches, etc.; Day 3>(?) Ethmoidal Bulla					
Day 1 B. T. > Sup. Sagittal Sinus >Up.Lat.Inc.>Med.Occ.G.+Lat.Ss		Day 2 Breath Tract > Cavernous Sinus 5 > Peyer's Patches, etc. > Nasal Bone		Day 3 Breath Tract > Outer Hair Cells > (?) Ethmoidal Bulla > L3	
Bone Scaffold	Breath Tracts	Change Instigators	Day 1 Muscles	Day 2 Muscles	Day 3 Muscles
out in	out in	out in	out in	out in	out in
nasal	cav. s. 5	Pey.'s Pat.,etc.	dilator	sphincter	orbitalis
^ femur	^sphenoid s.	^celiac trunk	^serratus ant.,up.p.	^rec.abdm.,3rd p.	^serratus ant.,low.p.
L3	**out.hair cells**	**ethmoidal bulla**	**tragicus**	**helicis major**	**antitragicus**
^ Mc PP3	^ RLS 3	^ LLS 4"	^ flex.pollicis brev.	^ abdc.digi.min.	^flex.digi.min.brev.
T10	RLS 6	LLS 4'	orbc.oris, deep fibers	sup. pharyn. con.	buccinator
^ Mt PP3	^ LLS 10	^ LLS 4	^ iliacus	^ psoas	^quad.lumborum
44(48) L4 as 3-Day Bone - Inhale to Mastoid Cells, Bottom Cells; Exhale with Fixed Lower Lateral Incisor					
Allltime Aligners: L5/ pisiforms, Mc Ss 2/ incuses, Mc Ss 1/ hyoid, Mt Ss 1/ patellas; **3-Day Aligner: Dermatome L4**					
Center-of-Gravity for below is Day 1 > Lower Lateral Incisor; Day 2 > L2; Day 3 > (?) Uncinate Process					
Day 1 B. T. > Sup. Sagittal Sinus >Low.Lat.Inc.>Parahip.G.+Med.Ss		Day 2 Breath Tract > Cavernous Sinus 5 > L2 > Frontal Bone		Day 3 Breath Tract > Outer Hair Cells > (?) Uncinate Process > L4	
Bone Scaffold	Breath Tracts	Change Instigators	Day 1 Muscles	Day 2 Muscles	Day 3 Muscles
out in	out in	out in	out in	out in	out in
frontal	cav. s. 5	L2	dilator	sphincter	orbitalis
^ tibia	^sphenoid s.	^suprarenal gl.	^serratus post.sup.	^rec.abdm.,4th/5th	^serratus post.inf.
L4	**out.hair cells**	**uncinate process**	**procerus**	**epicranius**	**corrug.supercilii**
^ Mc 1	^ RLS 3	^ RLS 3"	^ interos. palmar	^ interos.lumb.	^ interos. dorsal
rib 10	RLS 6	RLS 3'	digastric, ant.belly	mid. pharyn. con.	digastric, post.belly
^ Mt 1	^ LLS 10	^ RLS 3	^ gluteus minimus	^ gluteus maximus	^gluteus medius

L5, Mc Ss 2, Mc Ss 1, Mt Ss 1 as 3-Day Bones (showing each one's Breath-Receiving Area)					
45(171) L5 as 3-Day Bone - Inhale to Top Right Lung Segment; Exhale with Fixed Upper Central Incisor					
Allltime Aligners: L5/ pisiforms, Mc Ss 2/ incuses, Mc Ss 1/ hyoid, Mt Ss 1/ patellas; **3-Day Aligner: Dermatome L5**					
Center-of-Gravity for below is Day 1 > Upper Central Incisor; Day 2 > Med. Ss, Mc Ss1; Day 3 > L5					
Day 1 B. T. > Inf. Sagittal Sinus >Up.Cen.Inc.>Postcen.G.+Lat.Ss		Day 2 Breath Tract >Cavernous Sinus 6 >Medial Ss, Mc Ss 1> Body of Mandible		Day 3 Breath Tract > Inner Hair Cells > L5 > L5	
Bone Scaffold	Breath Tracts	Change Instigators	Day 1 Muscles	Day 2 Muscles	Day 3 Muscles
out in	out in	out in	out in	out in	out in
body of man.	cav. s. 6	med.Ss, Mc Ss1	dilator	sphincter	orbitalis
^ fibula	^ ethmoid c.	^ vagus nerve	^sternoclei.,ster.h.	^ pyramidalis	^sternoclei.,clav.h.
L5	**in. hair cells**	**L5**	**sternothyroid**	**sternohyoid**	**thyrohyoid**
^ Mc MP3	^ LLS 4	^ LLS 3"	^ bic.brc.,short h.	^ anconeus	^ bic.brc., long h.
T11	RLS 7	LLS 3'	omohyoid, sup.bel.	subclavius	omohyoid, inf.belly
^ Mt MP3	^ RLS 10	^ LLS 3	^ tibialis ant.	^ flex.hal.brev.	^ tibialis post.
46(172) Mc Ss 2 as 3-Day Bone - Inhale to Middle Right Lung Segment; Exhale with Fixed Lower Central Incisor					
Allltime Aligners: L5/ pisiforms, Mc Ss 2/ incuses, Mc Ss 1/ hyoid, Mt Ss 1/ patellas; **3-Day Aligner: Dermatome S1**					
Center-of-Gravity for below is Day 1 > Lower Central Incisor; Day 2 > Mc Ss 2; Day 3 > Mc Ss 2					
Day 1 B. T. > Inf. Sagittal Sinus >Low.Cen.Inc.>Precen.G.+Med.S:		Day 2 Breath Tract >Cavernous Sinus 6 > Mc Ss 2 > Ramus of Mandible		Day 3 Breath Tract > Inner Hair Cells > Mc Ss 2 > Mc Ss 2	
Bone Scaffold	Breath Tracts	Change Instigators	Day 1 Muscles	Day 2 Muscles	Day 3 Muscles
out in	out in	out in	out in	out in	out in
ramus of man.	cav. s. 6	Mc Ss 2	dilator	sphincter	orbitalis
^ patella	^ ethmoid c.	^ tonsils	^ int. intercostal	^ inner. intercostal	^ ext. intercostal
Mc Ss 2	**in. hair cells**	**Mc Ss 2**	**diaphr, ant.costal p.**	**diaphragm, ster.p.**	**diaphr.post.lum./crs**
^ Mc PP1	^ LLS 4	^ RLS 2"	^ supinator	^ pronator quad.	^ pronator teres
rib 11	RLS 7	RLS 2'	geniohyoid	mylohyoid	stylohyoid
^ Mt PP1	^ RLS 10	^ RLS 2	^ fibularis bre.	^ flex.hal.longus	^ fibularis long.
47(173) Mc Ss 1 as 3-Day Bone - Inhale to Bottom Right Lung Segment; Exhale with Fixed Body of Mandible					
Allltime Aligners: L5/ pisiforms, Mc Ss 2/ incuses, Mc Ss 1/ hyoid, Mt Ss 1/ patellas; **3-Day Aligner: Dermatome S2**					
Center-of-Gravity for below is Day 1 > Medial Ss of Mc Ss 1; Day 2 > Medial Ss, Mc Ss1; Day 3 > Mc Ss 1					
Day 1 B. T. > Inf. Sagittal Sinus >Med.McSs>Mid.Front.G.+B.of M.		Day 2 Breath Tract >Cavernous Sinus 6 >Medial Ss, Mc Ss 1> Body of Mandible		Day 3 Breath Tract > Inner Hair Cells > Mc Ss 1 > Mc Ss 1	
Bone Scaffold	Breath Tracts	Change Instigators	Day 1 Muscles	Day 2 Muscles	Day 3 Muscles
out in	out in	out in	out in	out in	out in
body of man.	cav. s. 6	med.Ss, Mc Ss1	dilator	sphincter	orbitalis
^ calcaneus	^ ethmoid c.	^ iliac artery	^bulbocavernosus	^ supf.trans.peri.	^ischiocavernosus
Mc Ss 1	**in. hair cells**	**Mc Ss 1**	**genioglossus, hor.f.**	**genioglossus, obl.f.**	**genioglossus,vert.f.**
^ Mc DP3	^ LLS 4	^ LLS 1+2"	^ extn. digitorum	^extn.carpi ulnaris	^ extn.digi.mini.
T12	RLS 7	LLS 1+2'	palatoglossus	hyoglossus	styloglossus
^ Mt DP3	^ RLS 10	^ LLS 1+2	^ tens.fasc.latae	^ sartorius	^ rectus femoris
48(174) Mt Ss 1 as 3-Day Bone - Inhale to Top Left Lung Segment; Exhale with Fixed Ramus of Mandible					
Allltime Aligners: L5/ pisiforms, Mc Ss 2/ incuses, Mc Ss 1/ hyoid, Mt Ss 1/ patellas; **3-Day Aligner: Dermatome S3**					
Center-of-Gravity for below is Day 1 > Mc Ss 2; Day 2 > Mc Ss 2; Day 3 > Mt Ss 1					
Day 1 B. T. > Inf. Sagittal Sinus >Mc Ss 2>Sup.Front.Gy.+R.of M.		Day 2 Breath Tract >Cavernous Sinus 6 > Mc Ss 2 > Ramus of Mandible		Day 3 Breath Tract > Inner Hair Cells > Mt Ss 1 > Mt Ss 1	
Bone Scaffold	Breath Tracts	Change Instigators	Day 1 Muscles	Day 2 Muscles	Day 3 Muscles
out in	out in	out in	out in	out in	out in
ramus of man.	cav. s. 6	Mc Ss 2	dilator	sphincter	orbitalis
^ talus	^ ethmoid c.	^ gonads	^urethrov./ur.sphin.	^deep trans.peri.	^compres.urethrae
Mt Ss 1	**in. hair cells**	**Mt Ss 1**	**ins.tongue, sup.l.f.**	**ins.tongue,ver/trans**	**ins.tongue, inf.l.f.**
^ Mc DP1	^ LLS 4	^ RLS 1"	^ flex.dig.profundus	^ flex.pollicis long.	^ flex.dig.superf.
rib 12	RLS 7	RLS 1'	scalene, anterior	scalene, middle	scalene, posterior
^ Mt DP1	^ RLS 10	^ RLS 1	^ adductor brev.	^ pectineus	^ adductor long.

Mc 5, Mc 2, Mc PP5, Mc PP2 as 3-Day Bones (showing each one's Breath-Receiving Area)					
49(57) Mc 5 as 3-Day Bone - Inhale to Inferior Nasal Meatus**;** Exhale with Fixed Ethmoid Bone					
Allltime Aligners: L5**/** pisiforms, Mc Ss 2**/** incuses, Mc Ss 1**/** hyoid, Mt Ss 1**/** patellas**; 3-Day Aligner: Dermatome C5**					
Center-of-Gravity for below is Day 1 > S3; Day 2 > Spleen, etc.; Day 3 > Lower 2nd Pre-molar					
Day1 B.T.>Sigmoid**/**Transverse S. > S3 > Long Gyrus & Ethmoid B.		Day 2 Breath Tract > Cavernous Sinus 1 > Spleen, etc. > Parietal Bone		Day 3 Breath Tract > RLS 1 > Lower 2nd Pre-molar > Mc 5	
Bone Scaffold	Breath Tracts	Change Instigators	Day 1 Muscles	Day 2 Muscles	Day 3 Muscles
out in	out in	out in	out in	out in	out in
parietal	cav. s. 1	spleen, etc.	dilator	sphincter	orbitalis
^xiphoid proc.	^ frontal s.	^ethmoid 6thpar.	^ ciliaris, l. f.	^ ciliaris,cir. f.	^ ciliaris,radial f.
C1	a.s.d.a.	low. 2nd molar	same muscle	same muscle	same muscle
^ Mc 5	**^ RLS 1**	**^low.2nd pre-m.**	**^ same muscle**	**^ same muscle**	**^ same muscle**
T1	RLS 4	low.1st pre-molar	same muscle	same muscle	same muscle
^ Mt 5	^ LLS 7+8	^low.central inc.	^ same muscle	^ same muscle	^ same muscle
50(58) Mc 2 as 3-Day Bone - Inhale to Middle Nasal Meatus**;** Exhale with Fixed Sphenoid Bone					
Allltime Aligners: L5**/** pisiforms, Mc Ss 2**/** incuses, Mc Ss 1**/** hyoid, Mt Ss 1**/** patellas**; 3-Day Aligner: Dermatome C6**					
Center-of-Gravity for below is Day 1 > C5**;** Day 2 > L3.**;** Day 3 > Upper 2nd Pre-molar					
Day1 B.T.>Sigmoid**/**Transverse S. >C5 >Short Gyrus & Sphenoid B.		Day 2 Breath Tract > Cavernous Sinus 1 > L3 > Occipital Bone		Day 3 Breath Tract > RLS 1 > Upper 2nd Pre-molar > Mc 2	
Bone Scaffold	Breath Tracts	Change Instigators	Day 1 Muscles	Day 2 Muscles	Day 3 Muscles
out in	out in	out in	out in	out in	out in
occipital	cav. s. 1	L3	dilator	sphincter	orbitalis
^ sternum	^ frontal s.	^bone marrow	^ uter./scro.,l.f.	^ uter./scro.,cir.f.	^ uter./scro.,ra. f.
C2	a.s.d.a.	up. 2nd molar	same muscle	same muscle	same muscle
^ Mc 2	**^ RLS 1**	**^up.2nd pre-m.**	**^ same muscle**	**^ same muscle**	**^ same muscle**
rib 1	RLS 4	up.1st pre-molar	same muscle	same muscle	same muscle
^ Mt 2	^ LLS 7+8	^up.central inc.	^ same muscle	^ same muscle	^ same muscle
51(59) Mc PP5 as 3-Day Bone - Inhale to Superior Nasal Meatus**;** Exhale with Fixed Vomer Bone					
Allltime Aligners: L5**/** pisiforms, Mc Ss 2**/** incuses, Mc Ss 1**/** hyoid, Mt Ss 1**/** patellas**; 3-Day Aligner: Dermatome C7**					
Center-of-Gravity for below is Day 1 > Maxilla Alveolar Process**;** Day 2 > Spleen, etc.**;** Day 3 > Tibia					
Day1 B.T.>Sigmoid**/**Transverse S. >Maxilla Alveo.Proc.>Dentate Gy.		Day 2 Breath Tract > Cavernous Sinus 1 > Spleen, etc. > Parietal Bone		Day 3 Breath Tract > RLS 1 > Tibia > Mc PP5	
Bone Scaffold	Breath Tracts	Change Instigators	Day 1 Muscles	Day 2 Muscles	Day 3 Muscles
out in	out in	out in	out in	out in	out in
parietal	cav. s. 1	spleen, etc.	dilator	sphincter	orbitalis
^manubrium	^ frontal s.	^ carotid art.	^ same muscle for	^ same muscle for	^ same muscle for
C3	a.s.d.a.	lunate	all 5 body bones**:**	all 5 body bones**:**	all 5 body bones**:**
^ Mc PP5	**^ RLS 1**	**^ tibia**	**^levator palpebrae**	**^levator palpebrae**	**^levator palpebrae**
T2	RLS 4	talus	**superioris,**	**superioris,**	**superioris,**
^ Mt PP5	^ LLS 7+8	^ low.lat.inc.	^superficial lamella	^ middle lamella	^ deep lamella
52(60) Mc PP2 as 3-Day Bone - Inhale to Sphenoid Sinus, Front Area**;** Exhale with Fixed Palatine Bone					
Allltime Aligners: L5**/** pisiforms, Mc Ss 2**/** incuses, Mc Ss 1**/** hyoid, Mt Ss 1**/** patellas**; 3-Day Aligner: Dermatome C8**					
Center-of-Gravity for below is Day 1 > Mandible Alveolar Process**;** Day 2 > L3**;** Day 3 > Femur					
Day1 B.T.>Sigmoid**/**Transverse S. >Mandible Alveo.Proc.>Orbital Gy		Day 2 Breath Tract > Cavernous Sinus 1 > L3 > Occipital Bone		Day 3 Breath Tract > RLS 1 > Femur > Mc PP2	
Bone Scaffold	Breath Tracts	Change Instigators	Day 1 Muscles	Day 2 Muscles	Day 3 Muscles
out in	out in	out in	out in	out in	out in
occipital	cav. s. 1	L3	dilator	sphincter	orbitalis
^ clavicle	^ frontal s.	^ pineal gland	^ bladder, l. f.	^ bladder, cir.f.	^bladder,radial f.
C4	a.s.d.a.	hook of hamate	same muscle	same muscle	same muscle
^ Mc PP2	**^ RLS 1**	**^ femur**	**^ same muscle**	**^ same muscle**	**^ same muscle**
rib 2	RLS 4	calcaneus	same muscle	same muscle	same muscle
^ Mt PP2	^ LLS 7+8	^ up.lat.inc.	^ same muscle	^ same muscle	^ same muscle

Mc MP5, Mc MP2, Mc DP5, Mc DP2 as 3-Day Bones (showing each one's Breath-Receiving Area)					
53(61) Mc MP5 as 3-Day Bone - Inhale to Nasolacrimal Duct (N.D.)**;** Exhale with Fixed Inferior Nasal Concha (N.C.)					
Alltime Aligners: L5**/** pisiforms, Mc Ss 2**/** incuses, Mc Ss 1**/** hyoid, Mt Ss 1**/** patellas**; 3-Day Aligner: Dermatome T1**					
Center-of-Gravity for below is Day 1 > Upper Wisdom Tooth**;** Day 2 > Spleen, etc.**;** Day 3 > Hyoid					
Day 1 B.T.> Straight**/**Occipital S. >Up. Wisdom Tooth>Straight Gy.		Day 2 Breath Tract > Cavernous Sinus 2 > Spleen, etc. > Parietal Bone		Day 3 Breath Tract > LLS 1+2 > Hyoid > Mc MP5	
Bone Scaffold	Breath Tracts	Change Instigators	Day 1 Muscles	Day 2 Muscles	Day 3 Muscles
out in	out in	out in	out in	out in	out in
parietal	cav. s. 2	spleen, etc.	dilator	sphincter	orbitalis
^ scapula	^ mastoid c.	^ optic nerve	^ platysma	^ hair follicle m's.	^ temporoparietalis
S5	p. s. d. a.	pisiform	thyroepiglottic	inf. obl. of eye	aryepiglottic
^ Mc MP5	**^ LLS 1+2**	**^ hyoid**	**^deltoid, back p.**	**^deltoid, middle p.**	**^deltoid,2nd fnt.p.**
T3	LLS 5	patella	rotatores brevis	multifidi	rotatores longus
^ Mt MP5	^ RLS 8	^lower canine	^ inf. gemellus	^obturator externus	^ sup. gemellus
54(62) Mc MP2 as 3-Day Bone - Inhale to N. D. & Backmost Front Nasal Groove; Exhale with Fixed Middle N. C.					
Alltime Aligners: L5**/** pisiforms, Mc Ss 2**/** incuses, Mc Ss 1**/** hyoid, Mt Ss 1**/** patellas**; 3-Day Aligner: Dermatome T2**					
Center-of-Gravity for below is Day 1 > Lower Wisdom Tooth**;** Day 2 > L3**;** Day 3 > Stapes					
Day 1 B.T.> Straight**/**Occipital S. >Low.Wis.Tooth>Subcallosal Gy.		Day 2 Breath Tract > Cavernous Sinus 2 > L3 > Occipital Bone		Day 3 Breath Tract > LLS 1+2 > Stapes > Mc MP2	
Bone Scaffold	Breath Tracts	Change Instigators	Day 1 Muscles	Day 2 Muscles	Day 3 Muscles
out in	out in	out in	out in	out in	out in
occipital	cav. s. 2	L3	dilator	sphincter	orbitalis
^ humerus	^ mastoid c.	^thoracic duct	^lev.costae brev.	^circulatory sys.m's.	^ lev.costae long.
S4	p. s. d. a.	triquetrum	obl. arytenoid	acces.mus.bun.	trans. arytenoid
^ Mc MP2	**^ LLS 1+2**	**^ stapes**	**^flex.carpi rad.**	**^palmaris long.**	**^flex.carpi ulnaris**
rib 3	LLS 5	fibula	intertrans.cer.a&p	intertrans.lum.t&m	intertrans.lum.lat.
^ Mt MP2	^ RLS 8	^upper canine	^ishiococcygeus	^obturator internus	^ piriformis
55(63) Mc DP5 as 3-Day Bone - Inhale to Middle Front Nasal Groove**;** Exhale with Fixed Superior Nasal Concha					
Alltime Aligners: L5**/** pisiforms, Mc Ss 2**/** incuses, Mc Ss 1**/** hyoid, Mt Ss 1**/** patellas**; 3-Day Aligner: Dermatome T3**					
Center-of-Gravity for below is Day 1 > Upper 2nd Molar**;** Day 2 > Spleen, etc.; Day 3 > RLS 10**"**					
Day 1 B.T.> Straight**/**Occipital S. >Upper 2nd Molar>Cingulate Gy.		Day 2 Breath Tract > Cavernous Sinus 2 > Spleen, etc. > Parietal Bone		Day 3 Breath Tract > LLS 1+2 > RLS 10**"** > Mc DP5	
Bone Scaffold	Breath Tracts	Change Instigators	Day 1 Muscles	Day 2 Muscles	Day 3 Muscles
out in	out in	out in	out in	out in	out in
parietal	cav. s. 2	spleen, etc.	dilator	sphincter	orbitalis
^ radius	^ mastoid c.	^ parathyroids	^ heart, ant.pap.	^ heart, sep.pap.	^ heart, post.pap.
S3	p. s. d. a.	utricle (3 part)	lat.cricoarytenoid	eye's sup.obl.	post.cricoarytenoid
^ Mc DP5	**^ LLS 1+2**	**^ RLS 10"**	**^ext.carpi rad.bre.**	**^brachioradialis**	**^ext.carpi rad.long.**
T4	LLS 5	RLS 10**'**	levator veli palatini	salpingopharyngeus	tensor veli palatini
^ Mt DP5	^ RLS 8	^ RLS 10	^ add. minimus	^ gracilis	^ add. magnus
56(64) Mc DP2 as 3-Day Bone - Inhale to Frontmost Front Nasal Groove; Exhale with Fixed Highest Nasal Concha					
Alltime Aligners: L5**/** pisiforms, Mc Ss 2**/** incuses, Mc Ss 1**/** hyoid, Mt Ss 1**/** patellas**; 3-Day Aligner: Dermatome T4**					
Center-of-Gravity for below is Day 1 > Lower 2nd Molar**;** Day 2 > L3**;** Day 3 > LLS 10**"**					
Day 1 B.T.> Straight**/**Occipital S. > Lower 2nd Molar > Lingual Gy.		Day 2 Breath Tract > Cavernous Sinus 2 > L3 > Occipital Bone		Day 3 Breath Tract > LLS 1+2 > LLS 10**"** > Mc DP2	
Bone Scaffold	Breath Tracts	Change Instigators	Day 1 Muscles	Day 2 Muscles	Day 3 Muscles
out in	out in	out in	out in	out in	out in
occipital	cav. s. 2	L3	dilator	sphincter	orbitalis
^ ulna	^ mastoid c.	^ thyroid gland	^ heart, ant.pec.	^ heart, sep.pec.	^ heart, post.pec.
C5	p. s. d. a.	saccule (3 part)	vocalis	obl. thyroarytenoid	thyroarytenoid
^ Mc DP2	**^ LLS 1+2**	**^ LLS 10"**	**^ ext.pollicis bre.**	**^extensor indicis**	**^ext.pollicis long.**
rib 4	LLS 5	LLS 10**'**	tensor tympani	uvula	stapedius
^ Mt DP2	^ RLS 8	^ LLS 10	^soleus, inner p.	^ popliteus	^soleus, outer p.

Mc 4, Scaphoid, Mc PP4, Trapezoid as 3-Day Bones (showing each one's Breath-Receiving Area)					
57(65) Mc 4 as 3-Day Bone - Inhale to Sphenoid Sinus, Top Back Area**;** Exhale with Fixed Nasal Bone					
Allltime Aligners: L5**/** pisiforms, Mc Ss 2**/** incuses, Mc Ss 1**/** hyoid, Mt Ss 1**/** patellas**; 3-Day Aligner: Dermatome T5**					
Center-of-Gravity for below is Day 1 > Upper 1st Molar**;** Day 2 > Spleen, etc.**;** Day 3 > RLS 9**"**					
Day 1 B. T.> Sup. Petrosal Sinus > Up. 1st Molar > Inf. Frontal Gy.		Day 2 Breath Tract >Cavernous Sinus 3 > Spleen, etc. > Parietal Bone		Day 3 Breath Tract > RLS 2 > RLS 9**"** > Mc 4	
Bone Scaffold	Breath Tracts	Change Instigators	Day 1 Muscles	Day 2 Muscles	Day 3 Muscles
out in	out in	out in	out in	out in	out in
parietal	cav. s. 3	spleen, etc.	dilator	sphincter	orbitalis
^ triquetrum	^ maxillary s.	^ trochlear n.	^esophagus, l. f.	^esophagus,cir.f.	^esophagus, m.m.
S2	l. s. d. a.	3-item hair cells	nasalis, alar p.	eye's inf.rectus	nasalis, trans.p.
^ Mc 4	**^ RLS 2**	**^ RLS 9"**	**^trapezius, frtm.p.**	**^pectoralis,abdm.p**	**^deltoid, frtm.part**
T5	RLS 5	RLS 9**'**	longissimus capitis	spinalis cap.&cers.	ilioc. thor. & cers.
^ Mt 4	^ LLS 9	^ RLS 9	^add.hal.,obl.head	^abductor hallucis	^add.hal.,trans.h.
58(66) Scaphoid as 3-Day Bone - Inhale to Sphenoid Sinus, Bottom Back Area**;** Exhale with Fixed Frontal Bone					
Allltime Aligners: L5**/** pisiforms, Mc Ss 2**/** incuses, Mc Ss 1**/** hyoid, Mt Ss 1**/** patellas**; 3-Day Aligner: Dermatome T6**					
Center-of-Gravity for below is Day 1 > Lower 1st Molar**;** Day 2 > L3**;** Day 3 > LLS 9**"**					
Day 1 B. T.> Sup. Petrosal Sinus >Low.1st Molar > Inf. Fr. Gy., Op.		Day 2 Breath Tract >Cavernous Sinus 3 > L3 > Occipital Bone		Day 3 Breath Tract > RLS 2 > LLS 9**"** > Scaphoid	
Bone Scaffold	Breath Tracts	Change Instigators	Day 1 Muscles	Day 2 Muscles	Day 3 Muscles
out in	out in	out in	out in	out in	out in
occipital	cav. s. 3	L3	dilator	sphincter	orbitalis
^ pisiform	^ maxillary s.	^ Peyer's pat.	^ stomach, l.lay.	^stomach,cir.lay.	^stomach,obl.lay.
C6	l. s. d. a.	3 semicircular d.s	orbc.oculi, pal.p.	depres.supercilii	orbc.oculi, orb.p.
^ scaphoid	**^ RLS 2**	**^ LLS 9"**	**^ teres minor**	**^ latissimus dorsi**	**^ teres major**
rib 5	RLS 5	LLS 9**'**	interspin. cers.	obl. capitis inf.	interspin. lumbo.
^ navicular	^ LLS 9	^ LLS 9	^abdc.digi.mini.,med	^opponens digi.mini.	^abdc.digi.mini.,lat.
59(67) Mc PP4 as 3-Day Bone - Inhale to Ethmoid Cells, Back Cells**;** Exhale with Fixed Parietal Bone					
Allltime Aligners: L5**/** pisiforms, Mc Ss 2**/** incuses, Mc Ss 1**/** hyoid, Mt Ss 1**/** patellas**; 3-Day Aligner: Dermatome T7**					
Center-of-Gravity for below is Day 1 > Up**.** 2nd Pre-Molar**;** Day 2 > Spleen, etc.**;** Day 3 > RLS 8**"**					
Day 1 B. T.> Sup. Petrosal Sinus > Up.2nd Pre-M.> Inf. Fr. Gy., Tri.		Day 2 Breath Tract >Cavernous Sinus 3 > Spleen, etc. > Parietal Bone		Day 3 Breath Tract > RLS 2 > RLS 8**"** > Mc PP4	
Bone Scaffold	Breath Tracts	Change Instigators	Day 1 Muscles	Day 2 Muscles	Day 3 Muscles
out in	out in	out in	out in	out in	out in
parietal	cav. s. 3	spleen, etc.	dilator	sphincter	orbitalis
^hamate hook	^ maxillary s.	^ aorta	^sm.intest.,l. f.	^sm.intest.,cir.f.	^sm.intest.,m.m.
S1	utricle	low.1st molar	orbc.oris, supf. f.	eye's med.rectus	risorius
^ Mc PP4	**^ RLS 2**	**^ RLS 8"**	**^subscapularis**	**^supraspinatus**	**^infraspinatus**
T6	RLS 5	RLS 8**'**	longis.thor.&cers.	spinalis thoracis	iliocostalis lumbo.
^ Mt PP4	^ LLS 9	^ RLS 8	^quad.plantae,med.	^interos.lumb.#1	^quad.plantae,lat.
60(68) Trapezoid as 3-Day Bone - Inhale to Ethmoid Cells, Front Cells**;** Exhale with Fixed Occipital Bone					
Allltime Aligners: L5**/** pisiforms, Mc Ss 2**/** incuses, Mc Ss 1**/** hyoid, Mt Ss 1**/** patellas**; 3-Day Aligner: Dermatome T8**					
Center-of-Gravity for below is Day 1 > Lower 2nd Pre-Molar**;** Day 2 > L3**;** Day 3 > LLS 7+8**"**					
Day 1 B. T.> Sup. Petrosal Sinus >Low.2nd Pre-M.>Inf. Fr. Gy.,Orb.		Day 2 Breath Tract >Cavernous Sinus 3 > L3 > Occipital Bone		Day 3 Breath Tract > RLS 2 > LLS 7+8**"** > Trapezoid	
Bone Scaffold	Breath Tracts	Change Instigators	Day 1 Muscles	Day 2 Muscles	Day 3 Muscles
out in	out in	out in	out in	out in	out in
occipital	cav. s. 3	L3	dilator	sphincter	orbitalis
^ lunate	^ maxillary s.	^ pyloric gland	^ l.bun.bile duct	^ bile duct sphin.	^ hepat.am.sphin.
C7	utricle	up.1st molar	lev.anguli oris	depres.septi nasi	depres.ang.oris
^ trapezoid	**^ RLS 2**	**^ LLS 7+8"**	**^pecto.maj.,clav.p.**	**^pectoralis minor**	**^pecto.maj.,ster.p.**
rib 6	RLS 5	LLS 7+8**'**	semispinalis cers.	splenius cers.	semispinalis thor.
^cun.intermed	^ LLS 9	^ LLS 7+8	^interos.plantar	^interos.lumb.#2,3,4	^ interos. dorsal

Mc MP4, Capitate, Mc DP4, Hamate as 3-Day Bones (showing each one's Breath-Receiving Area)					
61(69) Mc MP4 as 3-Day Bone - Inhale to Maxillary Sinus, Top Area**;** Exhale with Fixed Temporal Bone					
Allltime Aligners: L5**/** pisiforms, Mc Ss 2**/** incuses, Mc Ss 1**/** hyoid, Mt Ss 1**/** patellas**; 3-Day Aligner: Dermatome T9**					
Center-of-Gravity for below is Day 1 > Up.1st Pre-Molar**;** Day 2 > Spleen, etc.**;** Day 3 > RLS 7**"**					
Day 1 B. T. > Inf. Petrosal Sinus >Up.1st Pre-M.>Supramarginal G.		Day 2 Breath Tract >Cavernous Sinus 4 > Spleen, etc. > Parietal Bone		Day 3 Breath Tract > LLS 3 > RLS 7**"** > Mc MP4	
Bone Scaffold	Breath Tracts	Change Instigators	Day 1 Muscles	Day 2 Muscles	Day 3 Muscles
out in	out in	out in	out in	out in	out in
parietal	cav. s. 4	spleen, etc.	dilator	sphincter	orbitalis
^ malleus	^ tympanic c.	^ abducent n.	^large intest.,l.f.	^large intest.,cir.f.	^large intest.,m.m.
Cx 1	saccule	pelvic hip	lev.labii.su.ala.na.	eye's lat. rectus	mentalis
^ Mc MP4	**^ LLS 3**	**^ RLS 7"**	**^trapezius, fnt.p.2**	**^trapezius,mid.p.**	**^trapezius, back**
T7	LLS 6	RLS 7**'**	long.col., sup.obl.p.	long. col., vert. p.	long. col., inf.obl. p.
^ Mt MP4	^ RLS 9	^ RLS 7	^extn.hal./dig.bre.	^extn.hal.longus	^extn.dig.longus
62(70) Capitate as 3-Day Bone - Inhale to Maxillary Sinus, Bottom Area**;** Exhale with Fixed Zygomatic Bone					
Allltime Aligners: L5**/** pisiforms, Mc Ss 2**/** incuses, Mc Ss 1**/** hyoid, Mt Ss 1**/** patellas**; 3-Day Aligner: Dermatome T10**					
Center-of-Gravity for below is Day 1 > Lower 1st Pre-Molar**;** Day 2 > L3**;** Day 3 > RLS 6**"**					
Day 1 B. T. > Inf. Petrosal Sinus >Low.1st Pre-M.>Sup.TemporalG.		Day 2 Breath Tract >Cavernous Sinus 4 > L3 > Occipital Bone		Day 3 Breath Tract > LLS 3 > RLS 6**"** > Capitate	
Bone Scaffold	Breath Tracts	Change Instigators	Day 1 Muscles	Day 2 Muscles	Day 3 Muscles
out in	out in	out in	out in	out in	out in
occipital	cav. s. 4	L3	dilator	sphincter	orbitalis
^ incus	^ tympanic c.	^ spleen	^ rectum, l. f.	^ rectum, cir. f.	^ rectum, m.m.
Cx 2	saccule	upper hip	auricularis ant.	auricularis sup.	auricularis post.
^ capitate	**^ LLS 3**	**^ RLS 6"**	**^rhomboid minor**	**^levator scapulae**	**^rhomboid major**
rib 7	LLS 6	RLS 6**'**	rectus cap. ant.	obl. capitis sup.	rectus cap. lat.
^cuneiform lat.	^ RLS 9	^ RLS 6	^gastrocnemius,med.	^ plantaris	^gastrocnemius,lat.h.
63(71) Mc DP4 as 3-Day Bone - Inhale to Tympanic Cells, Top Cells**;** Exhale with Fixed Lacrimal Bone					
Allltime Aligners: L5**/** pisiforms, Mc Ss 2**/** incuses, Mc Ss 1**/** hyoid, Mt Ss 1**/** patellas**; 3-Day Aligner: Dermatome T11**					
Center-of-Gravity for below is Day 1 > Med. Ss of Mt Ss 1**;** Day 2 > Spleen, etc.**;** Day 3 > LLS 6**"**					
Day 1 B. T. > Inf. Petrosal Sinus >Med.Mt Ss>Mid.Tem.Gy.+Lac.B.		Day 2 Breath Tract >Cavernous Sinus 4 > Spleen, etc. > Parietal Bone		Day 3 Breath Tract > LLS 3 > LLS 6**"** > Mc DP4	
Bone Scaffold	Breath Tracts	Change Instigators	Day 1 Muscles	Day 2 Muscles	Day 3 Muscles
out in	out in	out in	out in	out in	out in
parietal	cav. s. 4	spleen, etc.	dilator	sphincter	orbitalis
^ upper hip	^ tympanic c.	^subclavian art.	^ conjoined l.	^ int. anal sphin.	^ anal canal, m.m.
Cx 3	saccule	incus	lev.labii superioris	eye's sup.rectus	depres.labii infer.
^ Mc DP4	**^ LLS 3**	**^ LLS 6"**	**^triceps brc.,long**	**^triceps brc.,med**	**^triceps brc.,lat.h.**
T8	LLS 6	LLS 6**'**	rec.cap.post.min.	longus capitis	rec.cap.post.maj.
^ Mt DP4	^ RLS 9	^ LLS 6	^ flexor dig.brev.	^flex.digi.mini.brev.	^ flexor dig.long.
64(72) Hamate as 3-Day Bone - Inhale to Tympanic Cells, Bottom Cells**;** Exhale with Fixed Maxilla Bone					
Allltime Aligners: L5**/** pisiforms, Mc Ss 2**/** incuses, Mc Ss 1**/** hyoid, Mt Ss 1**/** patellas**; 3-Day Aligner: Dermatome T12**					
Center-of-Gravity for below is Day 1 > L5**;** Day 2 > L3**;** Day 3 > RLS 5**"**					
Day 1 B. T. > Inf. Petrosal Sinus >L5 >Inf. Temporal G.+ Maxilla B.		Day 2 Breath Tract >Cavernous Sinus 4 > L3 > Occipital Bone		Day 3 Breath Tract > LLS 3 > RLS 5**"** > Hamate	
Bone Scaffold	Breath Tracts	Change Instigators	Day 1 Muscles	Day 2 Muscles	Day 3 Muscles
out in	out in	out in	out in	out in	out in
occipital	cav. s. 4	L3	dilator	sphincter	orbitalis
^ pelvic hip	^ tympanic c.	^ pancreas	^corrug.cutis ani	^ext.anal sphin.	^ levator ani
Cx 4	saccule	malleus	lat.ptery., inf.h.	medial pterygoid	lat.ptery., sup.h.
^ hamate	**^ LLS 3**	**^ RLS 5"**	**^coracobrachialis**	**^abdc.pollicis long**	**^ brachialis**
rib 8	LLS 6	RLS 5**'**	semisp.cap.,med.	splenius capitis	semisp.cap.,lat.
^ cuboid	^ RLS 9	^ RLS 5	^biceps fem.,short	^ quad. femoris	^biceps fem.,long

Mc 3, Trapezium, Mc PP3, Mc 1 as 3-Day Bones (showing each one's Breath-Receiving Area)					
65(73) Mc 3 as 3-Day Bone - Inhale to Frontal Sinus, Top Area; Exhale with Fixed Upper Canine					
Allltime Aligners: L5/ pisiforms, Mc Ss 2/ incuses, Mc Ss 1/ hyoid, Mt Ss 1/ patellas; **3-Day Aligner: Dermatome L1**					
Center-of-Gravity for below is Day 1 > Upper Canine; Day 2 > Spleen, etc.; Day 3 > LLS 5"					
Day 1 B. T. > Sup. Sagittal Sinus >Up.Canine>Angular Gy.+ Lat.Ss		Day 2 Breath Tract > Cavernous Sinus 5 > Spleen, etc. > Parietal Bone		Day 3 Breath Tract > RLS 3 > LLS 5" > Mc 3	
Bone Scaffold	Breath Tracts	Change Instigators	Day 1 Muscles	Day 2 Muscles	Day 3 Muscles
out in	out in	out in	out in	out in	out in
parietal	cav. s. 5	spleen, etc.	dilator	sphincter	orbitalis
^ stapes	^sphenoid s.	^vestibulococ.n.	^int.obl.abdm.&cr.	^rec.abdm.,1st p.	^ext.obl.abdm.
L1	out.hair cells	limen nasi	zygomatic.min.	helicis minor	zygomatic.maj.
^ Mc 3	**^ RLS 3**	**^ LLS 5"**	**^add.pol., obl. h.**	**^abdc.pollicis bre.**	**^add.pol.,trans.h.**
T9	RLS 6	LLS 5'	palatopharyngeus	inf. pharyngeal con.	stylopharyngeus
^ Mt 3	^ LLS 10	^ LLS 5	^vastus medialis	^vastus intermedius	^vastus lateralis
66(74) Trapezium as 3-Day Bone - Inhale to Frontal S., Bottom Area; Exhale with Fixed Lower Canine					
Allltime Aligners: L5/ pisiforms, Mc Ss 2/ incuses, Mc Ss 1/ hyoid, Mt Ss 1/ patellas; **3-Day Aligner: Dermatome L2**					
Center-of-Gravity for below is Day 1 > Lower Canine; Day 2 > L3; Day 3 > RLS 4"					
Day 1 B. T. > Sup. Sagittal Sinus >Low.Canine>Lat.Occ.G.+Med.Ss		Day 2 Breath Tract > Cavernous Sinus 5 > L3 > Occipital Bone		Day 3 Breath Tract > RLS 3 > RLS 4" > Trapezium	
Bone Scaffold	Breath Tracts	Change Instigators	Day 1 Muscles	Day 2 Muscles	Day 3 Muscles
out in	out in	out in	out in	out in	out in
occipital	cav. s. 5	L3	dilator	sphincter	orbitalis
^ hyoid	^sphenoid s.	^ thymus gl.	^ transversus thor.	^rec.abdm.,2nd p.	^ transversus abdm.
L2	out.hair cells	agger nasi	deep masseter	temporalis	supf. masseter
^trapezium	**^ RLS 3**	**^ RLS 4"**	**^opponens pol.**	**^palmaris brevis**	**^opponens digi.min.**
rib 9	RLS 6	RLS 4'	cricothyroid, obl.p.	cricopharyngeus	cricothyroid, str.p.
^cun.med.	^ LLS 10	^ RLS 4	^semitendinosus	^articularis genu	^semimembranosus
67(75) Mc PP3 as 3-Day Bone - Inhale to Mastoid Cells, Top Cells; Exhale with Fixed Upper Lateral Incisor					
Allltime Aligners: L5/ pisiforms, Mc Ss 2/ incuses, Mc Ss 1/ hyoid, Mt Ss 1/ patellas; **3-Day Aligner: Dermatome L3**					
Center-of-Gravity for below is Day 1 > Upper Lateral Incisor; Day 2 > Spleen, etc.; Day 3 > LLS 4"					
Day 1 B. T. > Sup. Sagittal Sinus >Up.Lat.Inc.>Med.Occ.G.+Lat.Ss		Day 2 Breath Tract > Cavernous Sinus 5 > Spleen, etc. > Parietal Bone		Day 3 Breath Tract > RLS 3 > LLS 4" > Mc PP3	
Bone Scaffold	Breath Tracts	Change Instigators	Day 1 Muscles	Day 2 Muscles	Day 3 Muscles
out in	out in	out in	out in	out in	out in
parietal	cav. s. 5	spleen, etc.	dilator	sphincter	orbitalis
^ femur	^sphenoid s.	^celiac trunk	^serratus ant.,up.p.	^rec.abdm.,3rd p.	^serratus ant.,low.p.
L3	out.hair cells	ethmoidal bulla	tragicus	helicis major	antitragicus
^ Mc PP3	**^ RLS 3**	**^ LLS 4"**	**^flex.pollicis brev.**	**^abdc.digi.min.**	**^flex.digi.min.brev.**
T10	RLS 6	LLS 4'	orbc.oris, deep fibers	sup. pharyn. con.	buccinator
^ Mt PP3	^ LLS 10	^ LLS 4	^ iliacus	^ psoas	^quad.lumborum
68(76) Mc 1 as 3-Day Bone - Inhale to Mastoid Cells, Bottom Cells; Exhale with Fixed Lower Lateral Incisor					
Allltime Aligners: L5/ pisiforms, Mc Ss 2/ incuses, Mc Ss 1/ hyoid, Mt Ss 1/ patellas; **3-Day Aligner: Dermatome L4**					
Center-of-Gravity for below is Day 1 > Lower Lateral Incisor; Day 2 > L3; Day 3 > RLS 3"					
Day 1 B. T. > Sup. Sagittal Sinus >Low.Lat.Inc.>Parahip.G.+Med.Ss		Day 2 Breath Tract > Cavernous Sinus 5 > L3 > Occipital Bone		Day 3 Breath Tract > RLS 3 > RLS 3" > Mc 1	
Bone Scaffold	Breath Tracts	Change Instigators	Day 1 Muscles	Day 2 Muscles	Day 3 Muscles
out in	out in	out in	out in	out in	out in
occipital	cav. s. 5	L3	dilator	sphincter	orbitalis
^ tibia	^sphenoid s.	^suprarenal gl.	^serratus post.sup.	^rec.abdm.,4th/5th	^serratus post.inf.
L4	out.hair cells	uncinate process	procerus	epicranius	corrug.supercilii
^ Mc 1	**^ RLS 3**	**^ RLS 3"**	**^interos. palmar**	**^interos.lumb.**	**^interos. dorsal**
rib 10	RLS 6	RLS 3'	digastric, ant.belly	mid. pharyn. con.	digastric, post.belly
^ Mt 1	^ LLS 10	^ RLS 3	^ gluteus minimus	^ gluteus maximus	^gluteus medius

Mc MP3, Mc PP1, Mc DP3, Mc DP1 as 3-Day Bones (showing each one's Breath-Receiving Area)					
69(77) Mc MP3 as 3-Day Bone - Inhale to Top Right Lung Segment**;** Exhale with Fixed Upper Central Incisor					
Allltime Aligners: L5**/** pisiforms, Mc Ss 2**/** incuses, Mc Ss 1**/** hyoid, Mt Ss 1**/** patellas**; 3-Day Aligner: Dermatome L5**					
Center-of-Gravity for below is Day 1 > Upper Central Incisor**;** Day 2 > Spleen, etc.**;** Day 3 > LLS 3**"**					
Day 1 B. T. > Inf. Sagittal Sinus >Up.Cen.Inc.>Postcen.G.+Lat.Ss	Day 2 Breath Tract >Cavernous Sinus 6 > Spleen, etc. > Parietal Bone		Day 3 Breath Tract > LLS 4 > LLS 3**"** > Mc MP3		
Bone Scaffold	Breath Tracts	Change Instigators	Day 1 Muscles	Day 2 Muscles	Day 3 Muscles
out in	out in	out in	out in	out in	out in
parietal	cav. s. 6	spleen, etc.	dilator	sphincter	orbitalis
^ fibula	^ ethmoid c.	^ vagus nerve	^sternoclei.,ster.h.	^ pyramidalis	^sternoclei.,clav.h.
L5	in. hair cells	L5	sternothyroid	sternohyoid	thyrohyoid
^ Mc MP3	**^ LLS 4**	**^ LLS 3"**	**^bic.brc.,short h.**	**^ anconeus**	**^bic.brc., long h.**
T11	RLS 7	LLS 3**'**	omohyoid, sup.bel.	subclavius	omohyoid, inf.belly
^ Mt MP3	^ RLS 10	^ LLS 3	^ tibialis ant.	^ flex.hal.brev.	^ tibialis post.
70(78) Mc PP1 as 3-Day Bone - Inhale to Middle Right Lung Segment**;** Exhale with Fixed Lower Central Incisor					
Allltime Aligners: L5**/** pisiforms, Mc Ss 2**/** incuses, Mc Ss 1**/** hyoid, Mt Ss 1**/** patellas**; 3-Day Aligner: Dermatome S1**					
Center-of-Gravity for below is Day 1 > Lower Central Incisor**;** Day 2 > L3**;** Day 3 > RLS 2**"**					
Day 1 B. T. > Inf. Sagittal Sinus >Low.Cen.Inc.>Precen.G.+Med.Ss	Day 2 Breath Tract >Cavernous Sinus 6 > L3 > Occipital Bone		Day 3 Breath Tract > LLS 4 > RLS 2**"** > Mc PP1		
Bone Scaffold	Breath Tracts	Change Instigators	Day 1 Muscles	Day 2 Muscles	Day 3 Muscles
out in	out in	out in	out in	out in	out in
occipital	cav. s. 6	L3	dilator	sphincter	orbitalis
^ patella	^ ethmoid c.	^ tonsils	^ int. intercostal	^ inner. intercostal	^ ext. intercostal
Mc Ss 2	in. hair cells	Mc Ss 2	diaphr, ant.costal p.	diaphragm, ster.p.	diaphr.post.lum./crs
^ Mc PP1	**^ LLS 4**	**^ RLS 2"**	**^ supinator**	**^pronator quad.**	**^pronator teres**
rib 11	RLS 7	RLS 2**'**	geniohyoid	mylohyoid	stylohyoid
^ Mt PP1	^ RLS 10	^ RLS 2	^ fibularis bre.	^ flex.hal.longus	^ fibularis long.
71(79) Mc DP3 as 3-Day Bone - Inhale to Bottom Right Lung Segment**;** Exhale with Fixed Body of Mandible					
Allltime Aligners: L5/ pisiforms, Mc Ss 2/ incuses, Mc Ss 1/ hyoid, Mt Ss 1/ patellas**; 3-Day Aligner: Dermatome S2**					
Center-of-Gravity for below is Day 1 > Medial Ss of Mc Ss 1**;** Day 2 > Spleen, etc.**;** Day 3 > LLS 1+2**"**					
Day 1 B. T. > Inf. Sagittal Sinus >Med.McSs>Mid.Front.G.+B.of M.	Day 2 Breath Tract >Cavernous Sinus 6 > Spleen, etc. > Parietal Bone		Day 3 Breath Tract > LLS 4 > LLS 1+2**"** > Mc DP3		
Bone Scaffold	Breath Tracts	Change Instigators	Day 1 Muscles	Day 2 Muscles	Day 3 Muscles
out in	out in	out in	out in	out in	out in
parietal	cav. s. 6	spleen, etc.	dilator	sphincter	orbitalis
^ calcaneus	^ ethmoid c.	^ iliac artery	^bulbocavernosus	^ supf.trans.peri.	^ischiocavernosus
Mc Ss 1	in. hair cells	Mc Ss 1	genioglossus, hor.f.	genioglossus, obl.f.	genioglossus,vert.f.
^ Mc DP3	**^ LLS 4**	**^ LLS 1+2"**	**^extn. digitorum**	**^extn.carpi ulnaris**	**^extn.digi.mini.**
T12	RLS 7	LLS 1+2**'**	palatoglossus	hyoglossus	styloglossus
^ Mt DP3	^ RLS 10	^ LLS 1+2	^ tens.fasc.latae	^ sartorius	^ rectus femoris
72(80) Mc DP1 as 3-Day Bone - Inhale to Top Left Lung Segment**;** Exhale with Fixed Ramus of Mandible					
Allltime Aligners: L5**/** pisiforms, Mc Ss 2**/** incuses, Mc Ss 1**/** hyoid, Mt Ss 1**/** patellas**; 3-Day Aligner: Dermatome S3**					
Center-of-Gravity for below is Day 1 > Mc Ss 2**;** Day 2 > L3**;** Day 3 > RLS 1**"**					
Day 1 B. T. > Inf. Sagittal Sinus >Mc Ss 2>Sup.Front.Gy.+R.of M.	Day 2 Breath Tract >Cavernous Sinus 6 > L3 > Occipital Bone		Day 3 Breath Tract > LLS 4 > RLS 1**"** > Mc DP1		
Bone Scaffold	Breath Tracts	Change Instigators	Day 1 Muscles	Day 2 Muscles	Day 3 Muscles
out in	out in	out in	out in	out in	out in
occipital	cav. s. 6	L3	dilator	sphincter	orbitalis
^ talus	^ ethmoid c.	^ gonads	^urethrov./ur.sphin.	^deep trans.peri.	^compres.urethrae
Mt Ss 1	in. hair cells	Mt Ss 1	ins.tongue, sup.l.f.	ins.tongue,ver/trans	ins.tongue, inf.l.f.
^ Mc DP1	**^ LLS 4**	**^ RLS 1"**	**^flex.dig.profundus**	**^flex.pollicis long.**	**^flex.dig.superf.**
rib 12	RLS 7	RLS 1**'**	scalene, anterior	scalene, middle	scalene, posterior
^ Mt DP1	^ RLS 10	^ RLS 1	^ adductor brev.	^ pectineus	^ adductor long.

T1, Rib 1, T2, Rib 2 as 3-Day Bones (showing each one's Breath-Receiving Area)					
73(89) T1 as 3-Day Bone - Inhale to Inferior Nasal Meatus**;** Exhale with Fixed Ethmoid Bone					
Allltime Aligners: L5**/** pisiforms, Mc Ss 2**/** incuses, Mc Ss 1**/** hyoid, Mt Ss 1**/** patellas**; 3-Day Aligner: Dermatome C5**					
Center-of-Gravity for below is Day 1 > S3**;** Day 2 > Thymus, etc.**;** Day 3 > Lower 1st Pre-Molar					
Day1 B.T.>Sigmoid**/**Transverse S. > S3 > Long Gyrus & Ethmoid B.		Day 2 Breath Tract > Cavernous Sinus 1 > Thymus, etc. > Temporal Bone		Day 3 Breath Tract > RLS 4 > Lower 1st Pre-Molar > T1	
Bone Scaffold	Breath Tracts	Change Instigators	Day 1 Muscles	Day 2 Muscles	Day 3 Muscles
out in	out in	out in	out in	out in	out in
temporal	cav. s. 1	thymus, etc.	dilator	sphincter	orbitalis
^xiphoid proc.	^ frontal s.	^ethmoid 6th par.	^ ciliaris, l. f.	^ ciliaris,cir. f.	^ ciliaris,radial f.
C1	a.s.d.a.	low. 2nd molar	same muscle	same muscle	same muscle
^ Mc 5	^ RLS 1	^ low.2nd pre-m.	^ same muscle	^ same muscle	^ same muscle
T1	**RLS 4**	**low.1st pre-molar**	**same muscle**	**same muscle**	**same muscle**
^ Mt 5	^ LLS 7+8	^low.central inc.	^ same muscle	^ same muscle	^ same muscle
74(90) Rib 1 as 3-Day Bone - Inhale to Middle Nasal Meatus**;** Exhale with Fixed Sphenoid Bone					
Allltime Aligners: L5**/** pisiforms, Mc Ss 2**/** incuses, Mc Ss 1**/** hyoid, Mt Ss 1**/** patellas**; 3-Day Aligner: Dermatome C6**					
Center-of-Gravity for below is Day 1 > C5**;** Day 2 > L4.**;** Day 3 > Upper 1st Pre-Molar					
Day1 B.T.>Sigmoid**/**Transverse S. >C5 >Short Gyrus & Sphenoid B.		Day 2 Breath Tract > Cavernous Sinus 1 > L4 > Zygomatic Bone		Day 3 Breath Tract > RLS 4 > Upper 1st Pre-Molar > Rib 1	
Bone Scaffold	Breath Tracts	Change Instigators	Day 1 Muscles	Day 2 Muscles	Day 3 Muscles
out in	out in	out in	out in	out in	out in
zygomatic	cav. s. 1	L4	dilator	sphincter	orbitalis
^ sternum	^ frontal s.	^bone marrow	^ uter./scro.,l.f.	^ uter./scro.,cir.f.	^ uter./scro.,ra. f.
C2	a.s.d.a.	up. 2nd molar	same muscle	same muscle	same muscle
^ Mc 2	^ RLS 1	^ up.2nd pre-m.	^ same muscle	^ same muscle	^ same muscle
rib 1	**RLS 4**	**up.1st pre-molar**	**same muscle**	**same muscle**	**same muscle**
^ Mt 2	^ LLS 7+8	^up.central inc.	^ same muscle	^ same muscle	^ same muscle
75(91) T2 as 3-Day Bone - Inhale to Superior Nasal Meatus**;** Exhale with Fixed Vomer Bone					
Allltime Aligners: L5**/** pisiforms, Mc Ss 2**/** incuses, Mc Ss 1**/** hyoid, Mt Ss 1**/** patellas**; 3-Day Aligner: Dermatome C7**					
Center-of-Gravity for below is Day 1> Maxilla Alveolar Process**;** Day 2> Thymus, etc.**;** Day 3> Talus					
Day 1 >Sigmoid**/**Transverse S. >Maxilla Alveo. Proc.>Dentate Gy		Day 2 Breath Tract > Cavernous Sinus 1 > Thymus, etc. > Temporal Bone		Day 3 Breath Tract > RLS 4 > Talus > T2	
Bone Scaffold	Breath Tracts	Change Instigators	Day 1 Muscles	Day 2 Muscles	Day 3 Muscles
out in	out in	out in	out in	out in	out in
temporal	cav. s. 1	thymus, etc.	dilator	sphincter	orbitalis
^manubrium	^ frontal s.	^ carotid art.	^ same muscle for	^ same muscle for	^ same muscle for
C3	a.s.d.a.	lunate	all 5 body bones**:**	all 5 body bones**:**	all 5 body bones**:**
^ Mc PP5	^ RLS 1	^ tibia	**^levator palpebrae**	**^levator palpebrae**	**^levator palpebrae**
T2	**RLS 4**	**talus**	**superioris,**	**superioris,**	**superioris,**
^ Mt PP5	^ LLS 7+8	^ low.lat.inc.	^superficial lamella	^ middle lamella	^ deep lamella
76(92) Rib 2 as 3-Day Bone - Inhale to Sphenoid Sinus, Front Area**;** Exhale with Fixed Palatine Bone					
Allltime Aligners: L5/ pisiforms, Mc Ss 2/ incuses, Mc Ss 1/ hyoid, Mt Ss 1/ patellas**; 3-Day Aligner: Dermatome C8**					
Center-of-Gravity for below is Day 1> Mandible Alveolar Process**;** Day 2> L4**;** Day 3> Calcaneus					
Day 1 >Sigmoid**/**Transverse S. >Mandible Alveo. Proc.>Orbital G.		Day 2 Breath Tract > Cavernous Sinus 1 > L4 > Zygomatic Bone		Day 3 Breath Tract > RLS 4 > Calcaneus > Rib 2	
Bone Scaffold	Breath Tracts	Change Instigators	Day 1 Muscles	Day 2 Muscles	Day 3 Muscles
out in	out in	out in	out in	out in	out in
zygomatic	cav. s. 1	L4	dilator	sphincter	orbitalis
^ clavicle	^ frontal s.	^ pineal gland	^ bladder, l. f.	^ bladder, cir.f.	^bladder,radial f.
C4	a.s.d.a.	hook of hamate	same muscle	same muscle	same muscle
^ Mc PP2	^ RLS 1	^ femur	^ same muscle	^ same muscle	^ same muscle
rib 2	**RLS 4**	**calcaneus**	**same muscle**	**same muscle**	**same muscle**
^ Mt PP2	^ LLS 7+8	^ up.lat.inc.	^ same muscle	^ same muscle	^ same muscle

T3, Rib 3, T4, Rib 4 as 3-Day Bones (showing each one's Breath-Receiving Area)					
77(93) T3 as 3-Day Bone - Inhale to Nasolacrimal Duct (N. D.)**;** Exhale with Fixed Inferior Nasal Concha (N. C.)					
Allltime Aligners: L5**/** pisiforms, Mc Ss 2**/** incuses, Mc Ss 1**/** hyoid, Mt Ss 1**/** patellas**; 3-Day Aligner: Dermatome T1**					
Center-of-Gravity for below is Day 1> Upper Wisdom Tooth**;** Day 2> Thymus, etc.**;** Day 3> Patella					
Day 1 B.T.> Straight**/**Occipital S. >Up. Wisdom Tooth>Straight Gy.		Day 2 Breath Tract > Cavernous Sinus 2 > Thymus, etc. > Temporal Bone		Day 3 Breath Tract > LLS 5 > Patella > T3	
Bone Scaffold	Breath Tracts	Change Instigators	Day 1 Muscles	Day 2 Muscles	Day 3 Muscles
out in	out in	out in	out in	out in	out in
temporal	cav. s. 2	thymus, etc.	dilator	sphincter	orbitalis
^ scapula	^ mastoid c.	^ optic nerve	^ platysma	^ hair follicle m's.	^ temporoparietalis
S5	p. s. d. a.	pisiform	thyroepiglottic	inf. obl. of eye	aryepiglottic
^ Mc MP5	^ LLS 1+2	^ hyoid	^deltoid, back p.	^deltoid, middle p.	^deltoid,2nd fnt.p.
T3	**LLS 5**	**patella**	**rotatores brevis**	**multifidi**	**rotatores longus**
^ Mt MP5	^ RLS 8	^lower canine	^ inf. gemellus	^obturator externus	^ sup. gemellus
78(94) Rib 3 as 3-Day Bone - Inhale to N. D. & Backmost Front Nasal Groove**;** Exhale with Fixed Middle N. C.					
Allltime Aligners: L5**/** pisiforms, Mc Ss 2**/** incuses, Mc Ss 1**/** hyoid, Mt Ss 1**/** patellas**; 3-Day Aligner: Dermatome T2**					
Center-of-Gravity for below is Day 1 > Lower Wisdom Tooth**;** Day 2 > L4**;** Day 3 > Fibula					
Day 1 B.T.> Straight**/**Occipital S. >Low.Wis.Tooth>Subcallosal Gy.		Day 2 Breath Tract > Cavernous Sinus 2 > L4 > Zygomatic Bone		Day 3 Breath Tract > LLS 5 > Fibula > Rib 3	
Bone Scaffold	Breath Tracts	Change Instigators	Day 1 Muscles	Day 2 Muscles	Day 3 Muscles
out in	out in	out in	out in	out in	out in
zygomatic	cav. s. 2	L4	dilator	sphincter	orbitalis
^ humerus	^ mastoid c.	^thoracic duct	^lev.costae brev.	^circulatory sys.m's.	^ lev.costae long.
S4	p. s. d. a.	triquetrum	obl. arytenoid	acces.mus.bun.	trans. arytenoid
^ Mc MP2	^ LLS 1+2	^ stapes	^ flex.carpi rad.	^ palmaris long.	^ flex.carpi ulnaris
rib 3	**LLS 5**	**fibula**	**intertrans.cer.a&p**	**intertrans.lum.t&m**	**intertrans.lum.lat.**
^ Mt MP2	^ RLS 8	^upper canine	^ishiococcygeus	^obturator internus	^ piriformis
79(95) T4 as 3-Day Bone - Inhale to Middle Front Nasal Groove**;** Exhale with Fixed Superior Nasal Concha					
Allltime Aligners: L5**/** pisiforms, Mc Ss 2**/** incuses, Mc Ss 1**/** hyoid, Mt Ss 1**/** patellas**; 3-Day Aligner: Dermatome T3**					
Center-of-Gravity for below is Day 1 > Upper 2nd Molar**;** Day 2 > Thymus, etc.**;** Day 3 > RLS 10'					
Day 1 B.T.> Straight**/**Occipital S. >Upper 2nd Molar>Cingulate Gy.		Day 2 Breath Tract > Cavernous Sinus 2 > Thymus, etc. > Temporal Bone		Day 3 Breath Tract > LLS 5 > RLS 10**'** > T4	
Bone Scaffold	Breath Tracts	Change Instigators	Day 1 Muscles	Day 2 Muscles	Day 3 Muscles
out in	out in	out in	out in	out in	out in
temporal	cav. s. 2	thymus, etc.	dilator	sphincter	orbitalis
^ radius	^ mastoid c.	^ parathyroids	^ heart, ant.pap.	^ heart, sep.pap.	^ heart, post.pap.
S3	p. s. d. a.	utricle (3 part)	lat.cricoarytenoid	eye's sup.obl.	post.cricoarytenoid
^ Mc DP5	^ LLS 1+2	^ RLS 10**"**	^ext.carpi rad.bre.	^brachioradialis	^ext.carpi rad.long.
T4	**LLS 5**	**RLS 10'**	**levator veli palatini**	**salpingopharyngeus**	**tensor veli palatini**
^ Mt DP5	^ RLS 8	^ RLS 10	^ add. minimus	^ gracilis	^ add. magnus
80(96) Rib 4 as 3-Day Bone- Inhale to Frontmost Front Nasal Groove**;** Exhale with Fixed Highest Nasal Concha					
Allltime Aligners: L5**/** pisiforms, Mc Ss 2**/** incuses, Mc Ss 1**/** hyoid, Mt Ss 1**/** patellas**; 3-Day Aligner: Dermatome T4**					
Center-of-Gravity for below is Day 1 > Lower 2nd Molar**;** Day 2 > L4**;** Day 3 > LLS 10'					
Day 1 B.T.> Straight**/**Occipital S. > Lower 2nd Molar > Lingual Gy.		Day 2 Breath Tract > Cavernous Sinus 2 > L4 > Zygomatic Bone		Day 3 Breath Tract > LLS 5 > LLS 10**'** > Rib 4	
Bone Scaffold	Breath Tracts	Change Instigators	Day 1 Muscles	Day 2 Muscles	Day 3 Muscles
out in	out in	out in	out in	out in	out in
zygomatic	cav. s. 2	L4	dilator	sphincter	orbitalis
^ ulna	^ mastoid c.	^ thyroid gland	^ heart, ant.pec.	^ heart, sep.pec.	^ heart, post.pec.
C5	p. s. d. a.	saccule (3 part)	vocalis	obl. thyroarytenoid	thyroarytenoid
^ Mc DP2	^ LLS 1+2	^ LLS 10**"**	^ ext.pollicis bre.	^extensor indicis	^ext.pollicis long.
rib 4	**LLS 5**	**LLS 10'**	**tensor tympani**	**uvula**	**stapedius**
^ Mt DP2	^ RLS 8	^ LLS 10	^soleus, inner p.	^ popliteus	^soleus, outer p.

T5, Rib 5, T6, Rib 6 as 3-Day Bones (showing each one's Breath-Receiving Area)					
81(97) T5 as 3-Day Bone - Inhale to Sphenoid Sinus, Top Back Area; Exhale with Fixed Nasal Bone					
Allltime Aligners: L5/ pisiforms, Mc Ss 2/ incuses, Mc Ss 1/ hyoid, Mt Ss 1/ patellas; **3-Day Aligner: Dermatome T5**					
Center-of-Gravity for below is Day 1 > Upper 1st Molar; Day 2 > Thymus, etc.; Day 3 > RLS 9'					
Day 1 B. T.> Sup. Petrosal Sinus > Up. 1st Molar > Inf. Frontal Gy.		Day 2 Breath Tract >Cavernous Sinus 3 > Thymus, etc. > Temporal Bone		Day 3 Breath Tract > RLS 5 > RLS 9' > T5	
Bone Scaffold	Breath Tracts	Change Instigators	Day 1 Muscles	Day 2 Muscles	Day 3 Muscles
out in	out in	out in	out in	out in	out in
temporal	cav. s. 3	thymus, etc.	dilator	sphincter	orbitalis
^ triquetrum	^ maxillary s.	^ trochlear n.	^esophagus, l. f.	^esophagus,cir.f.	^esophagus, m.m.
S2	l. s. d. a.	3-item hair cells	nasalis, alar p.	eye's inf.rectus	nasalis, trans.p.
^ Mc 4	^ RLS 2	^ RLS 9"	^ trapezius, frtm.p.	^pectoralis,abdm.p.	^ deltoid, frtm.part
T5	**RLS 5**	**RLS 9'**	**longissimus capitis**	**spinalis cap.&cers.**	**ilioc. thor. & cers.**
^ Mt 4	^ LLS 9	^ RLS 9	^add.hal.,obl.head	^abductor hallucis	^add.hal.,trans.h.
82(98) Rib 5 as 3-Day Bone - Inhale to Sphenoid Sinus, Bottom Back Area; Exhale with Fixed Frontal Bone					
Allltime Aligners: L5/ pisiforms, Mc Ss 2/ incuses, Mc Ss 1/ hyoid, Mt Ss 1/ patellas; **3-Day Aligner: Dermatome T6**					
Center-of-Gravity for below is Day 1 > Lower 1st Molar; Day 2 > L4; Day 3 > LLS 9'					
Day 1 B. T.> Sup. Petrosal Sinus >Low.1st Molar > Inf. Fr. Gy., Op.		Day 2 Breath Tract >Cavernous Sinus 3 > L4 > Zygomatic Bone		Day 3 Breath Tract > RLS 5 > LLS 9' > Rib 5	
Bone Scaffold	Breath Tracts	Change Instigators	Day 1 Muscles	Day 2 Muscles	Day 3 Muscles
out in	out in	out in	out in	out in	out in
zygomatic	cav. s. 3	L4	dilator	sphincter	orbitalis
^ pisiform	^ maxillary s.	^ Peyer's pat.	^ stomach, l.lay.	^stomach,cir.lay.	^stomach,obl.lay.
C6	l. s. d. a.	3 semicircular d.s	orbc.oculi, pal.p.	depres.supercilii	orbc.oculi, orb.p.
^ scaphoid	^ RLS 2	^ LLS 9"	^ teres minor	^latissimus dorsi	^ teres major
rib 5	**RLS 5**	**LLS 9'**	**interspin. cers.**	**obl. capitis inf.**	**interspin. lumbo.**
^ navicular	^ LLS 9	^ LLS 9	^abdc.digi.mini.,med.	^opponens digi.mini.	^abdc.digi.mini.,lat.
83(99) T6 as 3-Day Bone - Inhale to Ethmoid Cells, Back Cells; Exhale with Fixed Parietal Bone					
Allltime Aligners: L5/ pisiforms, Mc Ss 2/ incuses, Mc Ss 1/ hyoid, Mt Ss 1/ patellas; **3-Day Aligner: Dermatome T7**					
Center-of-Gravity for below is Day 1 > Upper 2nd Pre-Molar; Day 2 > Thymus, etc.; Day 3 > RLS 8'					
Day 1 B. T.> Sup. Petrosal Sinus > Up.2nd Pre-M.> Inf. Fr. Gy., Tri.		Day 2 Breath Tract >Cavernous Sinus 3 > Thymus, etc. > Temporal Bone		Day 3 Breath Tract > RLS 5 > RLS 8' > T6	
Bone Scaffold	Breath Tracts	Change Instigators	Day 1 Muscles	Day 2 Muscles	Day 3 Muscles
out in	out in	out in	out in	out in	out in
temporal	cav. s. 3	thymus, etc.	dilator	sphincter	orbitalis
^hamate hook	^ maxillary s.	^ aorta	^sm.intest.,l. f.	^sm.intest.,cir.f.	^sm.intest.,m.m.
S1	utricle	low.1st molar	orbc.oris, supf. f.	eye's med.rectus	risorius
^ Mc PP4	^ RLS 2	^ RLS 8"	^ subscapularis	^ supraspinatus	^ infraspinatus
T6	**RLS 5**	**RLS 8'**	**longis.thor.&cers.**	**spinalis thoracis**	**iliocostalis lumbo.**
^ Mt PP4	^ LLS 9	^ RLS 8	^quad.plantae,med.	^interos.lumb.#1	^quad.plantae,lat.
84(100) Rib 6 as 3-Day Bone - Inhale to Ethmoid Cells, Front Cells; Exhale with Fixed Occipital Bone					
Allltime Aligners: L5/ pisiforms, Mc Ss 2/ incuses, Mc Ss 1/ hyoid, Mt Ss 1/ patellas; **3-Day Aligner: Dermatome T8**					
Center-of-Gravity for below is Day 1 > Lower 2nd Pre-Molar; Day 2 > L4; Day 3 > LLS 7+8'					
Day 1 B. T.> Sup. Petrosal Sinus >Low.2nd Pre-M.>Inf. Fr. Gy.,Orb.		Day 2 Breath Tract >Cavernous Sinus 3 > L4 > Zygomatic Bone		Day 3 Breath Tract > RLS 5 > LLS 7+8' > Rib 6	
Bone Scaffold	Breath Tracts	Change Instigators	Day 1 Muscles	Day 2 Muscles	Day 3 Muscles
out in	out in	out in	out in	out in	out in
zygomatic	cav. s. 3	L4	dilator	sphincter	orbitalis
^ lunate	^ maxillary s.	^ pyloric gland	^ l.bun.bile duct	^ bile duct sphin.	^ hepat.am.sphin.
C7	utricle	up.1st molar	lev.anguli oris	depres.septi nasi	depres.ang.oris
^ trapezoid	^ RLS 2	^ LLS 7+8"	^pecto.maj.,clav.p.	^pectoralis minor	^pecto.maj.,ster.p.
rib 6	**RLS 5**	**LLS 7+8'**	**semispinalis cers.**	**splenius cers.**	**semispinalis thor.**
^cun.intermed	^ LLS 9	^ LLS 7+8	^interos.plantar	^interos.lumb.#2,3,4	^ interos. dorsal

T7, Rib 7, T8, Rib 8 as 3-Day Bones (showing each one's Breath-Receiving Area)					
85(101) T7 as 3-Day Bone - Inhale to Maxillary Sinus, Top Area**;** Exhale with Fixed Temporal Bone					
Allltime Aligners: L5**/** pisiforms, Mc Ss 2**/** incuses, Mc Ss 1**/** hyoid, Mt Ss 1**/** patellas**; 3-Day Aligner: Dermatome T9**					
Center-of-Gravity for below is Day 1 > Up. 1st Pre-Molar**;** Day 2 > Thymus, etc.**;** Day 3 > RLS 7'					
Day 1 B. T. > Inf. Petrosal Sinus >Up.1st Pre-M.>Supramarginal G.		Day 2 Breath Tract >Cavernous Sinus 4 > Thymus, etc. > Temporal Bone		Day 3 Breath Tract > LLS 6 > RLS 7**'** > T7	
Bone Scaffold	Breath Tracts	Change Instigators	Day 1 Muscles	Day 2 Muscles	Day 3 Muscles
out in	out in	out in	out in	out in	out in
temporal	cav. s. 4	thymus, etc.	dilator	sphincter	orbitalis
^ malleus	^ tympanic c.	^ abducent n.	^large intest.,l.f.	^large intest.,cir.f.	^large intest.,m.m.
Cx 1	saccule	pelvic hip	lev.labii.su.ala.na.	eye's lat. rectus	mentalis
^ Mc MP4	^ LLS 3	^ RLS 7**"**	^trapezius, fnt.p.2	^trapezius,mid.p.	^trapezius, back p.
T7	**LLS 6**	**RLS 7'**	**long.col., sup.obl.p.**	**long. col., vert. p.**	**long. col., inf.obl. p.**
^ Mt MP4	^ RLS 9	^ RLS 7	^extn.hal./dig.bre.	^extn.hal.longus	^extn.dig.longus
86(102) Rib 7 as 3-Day Bone - Inhale to Maxillary Sinus, Bottom Area**;** Exhale with Fixed Zygomatic Bone					
Allltime Aligners: L5**/** pisiforms, Mc Ss 2**/** incuses, Mc Ss 1**/** hyoid, Mt Ss 1**/** patellas**; 3-Day Aligner: Dermatome T10**					
Center-of-Gravity for below is Day 1 > Lower 1st Pre-Molar**;** Day 2 > L4.**;** Day 3 > RLS 6'					
Day 1 B. T. > Inf. Petrosal Sinus >Low.1st Pre-M.>Sup.TemporalG.		Day 2 Breath Tract >Cavernous Sinus 4 > L4 > Zygomatic Bone		Day 3 Breath Tract > LLS 6 > RLS 6**'** > Rib 7	
Bone Scaffold	Breath Tracts	Change Instigators	Day 1 Muscles	Day 2 Muscles	Day 3 Muscles
out in	out in	out in	out in	out in	out in
zygomatic	cav. s. 4	L4	dilator	sphincter	orbitalis
^ incus	^ tympanic c.	^ spleen	^ rectum, l. f.	^ rectum, cir. f.	^ rectum, m.m.
Cx 2	saccule	upper hip	auricularis ant.	auricularis sup.	auricularis post.
^ capitate	^ LLS 3	^ RLS 6**"**	^rhomboid minor	^levator scapulae	^rhomboid major
rib 7	**LLS 6**	**RLS 6'**	**rectus cap. ant.**	**obl. capitis sup.**	**rectus cap. lat.**
^cuneiform lat.	^ RLS 9	^ RLS 6	^gastrocnemius,med.	^ plantaris	^gastrocnemius,lat.h.
87(103) T8 as 3-Day Bone - Inhale to Tympanic Cells, Top Cells**;** Exhale with Fixed Lacrimal Bone					
Allltime Aligners: L5**/** pisiforms, Mc Ss 2**/** incuses, Mc Ss 1**/** hyoid, Mt Ss 1**/** patellas**; 3-Day Aligner: Dermatome T11**					
Center-of-Gravity for below is Day 1 > Medial Ss of Mt Ss 1**;** Day 2 > Thymus, etc.**;** Day 3 > LLS 6'					
Day 1 B. T. > Inf. Petrosal Sinus >Med.Mt Ss>Mid.Tem.Gy.+Lac.B.		Day 2 Breath Tract >Cavernous Sinus 4 > Thymus, etc. > Temporal Bone		Day 3 Breath Tract > LLS 6 > LLS 6**'** > T8	
Bone Scaffold	Breath Tracts	Change Instigators	Day 1 Muscles	Day 2 Muscles	Day 3 Muscles
out in	out in	out in	out in	out in	out in
temporal	cav. s. 4	thymus, etc.	dilator	sphincter	orbitalis
^ upper hip	^ tympanic c.	^subclavian art.	^ conjoined l.	^ int. anal sphin.	^ anal canal, m.m.
Cx 3	saccule	incus	lev.labii superioris	eye's sup.rectus	depres.labii infer.
^ Mc DP4	^ LLS 3	^ LLS 6**"**	^triceps brc.,long	^triceps brc.,med.	^triceps brc.,lat.h.
T8	**LLS 6**	**LLS 6'**	**rec.cap.post.min.**	**longus capitis**	**rec.cap.post.maj.**
^ Mt DP4	^ RLS 9	^ LLS 6	^ flexor dig.brev.	^flex.digi.mini.brev.	^ flexor dig.long.
88(104) Rib 8 as 3-Day Bone - Inhale to Tympanic Cells, Bottom Cells**;** Exhale with Fixed Maxilla Bone					
Allltime Aligners: L5**/** pisiforms, Mc Ss 2**/** incuses, Mc Ss 1**/** hyoid, Mt Ss 1**/** patellas**; 3-Day Aligner: Dermatome T12**					
Center-of-Gravity for below is Day 1 > L5**;** Day 2 > L4.**;** Day 3 > RLS 5'					
Day 1 B. T. > Inf. Petrosal Sinus >L5 >Inf. Temporal G.+ Maxilla B.		Day 2 Breath Tract >Cavernous Sinus 4 > L4 > Zygomatic Bone		Day 3 Breath Tract > LLS 6 > RLS 5**'** > Rib 8	
Bone Scaffold	Breath Tracts	Change Instigators	Day 1 Muscles	Day 2 Muscles	Day 3 Muscles
out in	out in	out in	out in	out in	out in
zygomatic	cav. s. 4	L4	dilator	sphincter	orbitalis
^ pelvic hip	^ tympanic c.	^ pancreas	^corrug.cutis ani	^ext.anal sphin.	^ levator ani
Cx 4	saccule	malleus	lat.ptery., inf.h.	medial pterygoid	lat.ptery., sup.h.
^ hamate	^ LLS 3	^ RLS 5**"**	^ coracobrachialis	^abdc.pollicis long.	^ brachialis
rib 8	**LLS 6**	**RLS 5'**	**semisp.cap.,med.**	**splenius capitis**	**semisp.cap.,lat.**
^ cuboid	^ RLS 9	^ RLS 5	^biceps fem.,short	^ quad. femoris	^biceps fem.,long

T9, Rib 9, T10, Rib 10 as 3-Day Bones (showing each one's Breath-Receiving Area)					
89(105) T9 as 3-Day Bone - Inhale to Frontal Sinus, Top Area; Exhale with Fixed Upper Canine					
Allltime Aligners: L5/ pisiforms, Mc Ss 2/ incuses, Mc Ss 1/ hyoid, Mt Ss 1/ patellas; **3-Day Aligner: Dermatome L1**					
Center-of-Gravity for below is Day 1 > Upper Canine; Day 2 > Thymus, etc.; Day 3 > LLS 5'					
Day 1 B. T. > Sup. Sagittal Sinus >Up.Canine>Angular Gy.+ Lat.Ss		Day 2 Breath Tract >Cavernous Sinus 5 > Thymus, etc. > Temporal Bone		Day 3 Breath Tract > RLS 6 > LLS 5' > T9	
Bone Scaffold	Breath Tracts	Change Instigators	Day 1 Muscles	Day 2 Muscles	Day 3 Muscles
out in	out in	out in	out in	out in	out in
temporal	cav. s. 5	thymus, etc.	dilator	sphincter	orbitalis
^ stapes	^sphenoid s.	^vestibulococ.n.	^int.obl.abdm.&cr.	^rec.abdm.,1st p.	^ext.obl.abdm.
L1	out.hair cells	limen nasi	zygomatic.min.	helicis minor	zygomatic.maj.
^ Mc 3	^ RLS 3	^ LLS 5"	^add.pol., obl. h.	^abdc.pollicis bre.	^add.pol.,trans.h.
T9	**RLS 6**	**LLS 5'**	**palatopharyngeus**	**inf. pharyngeal con.**	**stylopharyngeus**
^ Mt 3	^ LLS 10	^ LLS 5	^vastus medialis	^vastus intermedius	^vastus lateralis
90(106) Rib 9 as 3-Day Bone - Inhale to Frontal Sinus, Bottom Area; Exhale with Fixed Lower Canine					
Allltime Aligners: L5/ pisiforms, Mc Ss 2/ incuses, Mc Ss 1/ hyoid, Mt Ss 1/ patellas; **3-Day Aligner: Dermatome L2**					
Center-of-Gravity for below is Day 1 > Lower Canine; Day 2 > L4; Day 3 > RLS 4'					
Day 1 B. T. > Sup. Sagittal Sinus >Low.Canine>Lat.Occ.G.+Med.Ss		Day 2 Breath Tract >Cavernous Sinus 5 > L4 > Zygomatic Bone		Day 3 Breath Tract > RLS 6 > RLS 4' > Rib 9	
Bone Scaffold	Breath Tracts	Change Instigators	Day 1 Muscles	Day 2 Muscles	Day 3 Muscles
out in	out in	out in	out in	out in	out in
zygomatic	cav. s. 5	L4	dilator	sphincter	orbitalis
^ hyoid	^sphenoid s.	^ thymus gl.	^ transversus thor.	^rec.abdm.,2nd p.	^ transversus abdm.
L2	out.hair cells	agger nasi	deep masseter	temporalis	supf. masseter
^trapezium	^ RLS 3	^ RLS 4"	^opponens pol.	^palmaris brevis	^opponens digi.min.
rib 9	**RLS 6**	**RLS 4'**	**cricothyroid, obl.p.**	**cricopharyngeus**	**cricothyroid, str.p.**
^cun.med.	^ LLS 10	^ RLS 4	^semitendinosus	^articularis genu	^semimembranosus
91(107) T10 as 3-Day Bone - Inhale to Mastoid Cells, Top Cells; Exhale with Fixed Upper Lateral Incisor					
Allltime Aligners: L5/ pisiforms, Mc Ss 2/ incuses, Mc Ss 1/ hyoid, Mt Ss 1/ patellas; **3-Day Aligner: Dermatome L3**					
Center-of-Gravity for below is Day 1 > Upper Lateral Incisor; Day 2 > Thymus, etc.; Day 3 > LLS 4'					
Day 1 B. T. > Sup. Sagittal Sinus >Up.Lat.Inc.>Med.Occ.G.+Lat.Ss		Day 2 Breath Tract >Cavernous Sinus 5 > Thymus, etc. > Temporal Bone		Day 3 Breath Tract > RLS 6 > LLS 4' > T10	
Bone Scaffold	Breath Tracts	Change Instigators	Day 1 Muscles	Day 2 Muscles	Day 3 Muscles
out in	out in	out in	out in	out in	out in
temporal	cav. s. 5	thymus, etc.	dilator	sphincter	orbitalis
^ femur	^sphenoid s.	^celiac trunk	^serratus ant.,up.p.	^rec.abdm.,3rd p.	^serratus ant.,low.p.
L3	out.hair cells	ethmoidal bulla	tragicus	helicis major	antitragicus
^ Mc PP3	^ RLS 3	^ LLS 4"	^ flex.pollicis brev.	^ abdc.digi.min.	^flex.digi.min.brev.
T10	**RLS 6**	**LLS 4'**	**orbc.oris, deep fiber**	**sup. pharyn. con.**	**buccinator**
^ Mt PP3	^ LLS 10	^ LLS 4	^ iliacus	^ psoas	^quad.lumborum
92(108) Rib 10 as 3-Day Bone - Inhale to Mastoid Cells, Bottom Cells; Exhale with Fixed Lower Lateral Incisor					
Allltime Aligners: L5/ pisiforms, Mc Ss 2/ incuses, Mc Ss 1/ hyoid, Mt Ss 1/ patellas; **3-Day Aligner: Dermatome L4**					
Center-of-Gravity for below is Day 1 > Lower Lateral Incisor; Day 2 > L4; Day 3 > RLS 3'					
Day 1 B. T. > Sup. Sagittal Sinus >Low.Lat.Inc.>Parahip.G.+Med.Ss		Day 2 Breath Tract >Cavernous Sinus 5 > L4 > Zygomatic Bone		Day 3 Breath Tract > RLS 6 > RLS 3' > Rib 10	
Bone Scaffold	Breath Tracts	Change Instigators	Day 1 Muscles	Day 2 Muscles	Day 3 Muscles
out in	out in	out in	out in	out in	out in
zygomatic	cav. s. 5	L4	dilator	sphincter	orbitalis
^ tibia	^sphenoid s.	^suprarenal gl.	^serratus post.sup.	^rec.abdm.,4th/5th	^serratus post.inf.
L4	out.hair cells	uncinate process	procerus	epicranius	corrug.supercilii
^ Mc 1	^ RLS 3	^ RLS 3"	^ interos. palmar	^ interos.lumb.	^ interos. dorsal
rib 10	**RLS 6**	**RLS 3'**	**digastric, ant.belly**	**mid. pharyn. con.**	**digastric, post.belly**
^ Mt 1	^ LLS 10	^ RLS 3	^ gluteus minimus	^ gluteus maximus	^gluteus medius

T11, Rib 11, T12, Rib 12 as 3-Day Bones (showing each one's Breath-Receiving Area)					
93(109) T11 as 3-Day Bone - Inhale to Top Right Lung Segment**;** Exhale with Fixed Upper Central Incisor					
Allltime Aligners: L5**/** pisiforms, Mc Ss 2**/** incuses, Mc Ss 1**/** hyoid, Mt Ss 1**/** patellas**; 3-Day Aligner: Dermatome L5**					
Center-of-Gravity for below is Day 1 > Upper Central Incisor**;** Day 2 > Thymus, etc.**;** Day 3 > LLS 3'					
Day 1 B. T. > Inf. Sagittal Sinus >Up.Cen.Inc.>Postcen.G.+Lat.Ss	Day 2 Breath Tract >Cavernous Sinus 6 > Thymus, etc. > Temporal Bone		Day 3 Breath Tract > RLS 7 > LLS 3' > T11		
Bone Scaffold	Breath Tracts	Change Instigators	Day 1 Muscles	Day 2 Muscles	Day 3 Muscles
out in	out in	out in	out in	out in	out in
temporal	cav. s. 6	thymus, etc.	dilator	sphincter	orbitalis
^ fibula	^ ethmoid c.	^ vagus nerve	^sternoclei.,ster.h.	^ pyramidalis	^sternoclei.,clav.h.
L5	in. hair cells	L5	sternothyroid	sternohyoid	thyrohyoid
^ Mc MP3	^ LLS 4	^ LLS 3**"**	^ bic.brc.,short h.	^ anconeus	^ bic.brc., long h.
T11	**RLS 7**	**LLS 3'**	**omohyoid, sup.bel.**	**subclavius**	**omohyoid, inf.belly**
^ Mt MP3	^ RLS 10	^ LLS 3	^ tibialis ant.	^ flex.hal.brev.	^ tibialis post.
94(110) Rib 11 as 3-Day Bone - Inhale to Middle Right Lung Segment**;** Exhale with Fixed Lower Central Incisor					
Allltime Aligners: L5**/** pisiforms, Mc Ss 2**/** incuses, Mc Ss 1**/** hyoid, Mt Ss 1**/** patellas**; 3-Day Aligner: Dermatome S1**					
Center-of-Gravity for below is Day 1 > Lower Central Incisor**;** Day 2 > L4**;** Day 3 > RLS 2'					
Day 1 B. T. > Inf. Sagittal Sinus >Low.Cen.Inc.>Precen.G.+Med.Ss	Day 2 Breath Tract >Cavernous Sinus 6 > L4 > Zygomatic Bone		Day 3 Breath Tract > RLS 7 > RLS 2' > Rib 11		
Bone Scaffold	Breath Tracts	Change Instigators	Day 1 Muscles	Day 2 Muscles	Day 3 Muscles
out in	out in	out in	out in	out in	out in
zygomatic	cav. s. 6	L4	dilator	sphincter	orbitalis
^ patella	^ ethmoid c.	^ tonsils	^ int. intercostal	^ inner. intercostal	^ ext. intercostal
Mc Ss 2	in. hair cells	Mc Ss 2	diaphr, ant.costal p.	diaphragm, ster.p.	diaphr.post.lum./crs
^ Mc PP1	^ LLS 4	^ RLS 2**"**	^ supinator	^ pronator quad.	^ pronator teres
rib 11	**RLS 7**	**RLS 2'**	**geniohyoid**	**mylohyoid**	**stylohyoid**
^ Mt PP1	^ RLS 10	^ RLS 2	^ fibularis bre.	^ flex.hal.longus	^ fibularis long.
95(111) T12 as 3-Day Bone - Inhale to Bottom Right Lung Segment**;** Exhale with Fixed Body of Mandible					
Allltime Aligners: L5/ pisiforms, Mc Ss 2/ incuses, Mc Ss 1/ hyoid, Mt Ss 1/ patellas**; 3-Day Aligner: Dermatome S2**					
Center-of-Gravity for below is Day 1 > Medial Ss of Mc Ss 1**;** Day 2 > Thymus, etc.**;** Day 3 > LLS 1+2'					
Day 1 B. T. > Inf. Sagittal Sinus >Med.McSs>Mid.Front.G.+B.of M.	Day 2 Breath Tract >Cavernous Sinus 6 > Thymus, etc. > Temporal Bone		Day 3 Breath Tract > RLS 7 > LLS 1+2' > T12		
Bone Scaffold	Breath Tracts	Change Instigators	Day 1 Muscles	Day 2 Muscles	Day 3 Muscles
out in	out in	out in	out in	out in	out in
temporal	cav. s. 6	thymus, etc.	dilator	sphincter	orbitalis
^ calcaneus	^ ethmoid c.	^ iliac artery	^bulbocavernosus	^ supf.trans.peri.	^ischiocavernosus
Mc Ss 1	in. hair cells	Mc Ss 1	genioglossus, hor.f.	genioglossus, obl.f.	genioglossus,vert.f.
^ Mc DP3	^ LLS 4	^ LLS 1+2**"**	^ extn. digitorum	^extn.carpi ulnaris	^ extn.digi.mini.
T12	**RLS 7**	**LLS 1+2'**	**palatoglossus**	**hyoglossus**	**styloglossus**
^ Mt DP3	^ RLS 10	^ LLS 1+2	^ tens.fasc.latae	^ sartorius	^ rectus femoris
96(112) Rib 12 as 3-Day Bone - Inhale to Top Left Lung Segment**;** Exhale with Fixed Ramus of Mandible					
Allltime Aligners: L5**/** pisiforms, Mc Ss 2**/** incuses, Mc Ss 1**/** hyoid, Mt Ss 1**/** patellas**; 3-Day Aligner: Dermatome S3**					
Center-of-Gravity for below is Day 1 > Mc Ss 2**;** Day 2 > L4**;** Day 3 > RLS 1'					
Day 1 B. T. > Inf. Sagittal Sinus >Mc Ss 2>Sup.Front.Gy.+R.of M.	Day 2 Breath Tract >Cavernous Sinus 6 > L4 > Zygomatic Bone		Day 3 Breath Tract > RLS 7 > RLS 1' > Rib 12		
Bone Scaffold	Breath Tracts	Change Instigators	Day 1 Muscles	Day 2 Muscles	Day 3 Muscles
out in	out in	out in	out in	out in	out in
zygomatic	cav. s. 6	L4	dilator	sphincter	orbitalis
^ talus	^ ethmoid c.	^ gonads	^urethrov./ur.sphin.	^deep trans.peri.	^compres.urethrae
Mt Ss 1	in. hair cells	Mt Ss 1	ins.tongue, sup.l.f.	ins.tongue,ver/trans	ins.tongue, inf.l.f.
^ Mc DP1	^ LLS 4	^ RLS 1**"**	^ flex.dig.profundus	^ flex.pollicis long.	^ flex.dig.superf.
rib 12	**RLS 7**	**RLS 1'**	**scalene, anterior**	**scalene, middle**	**scalene, posterior**
^ Mt DP1	^ RLS 10	^ RLS 1	^ adductor brev.	^ pectineus	^ adductor long.

Mt 5, Mt 2, Mt PP5, Mt PP2 as 3-Day Bones (showing each one's Breath-Receiving Area)					
97(121) Mt 5 as 3-Day Bone - Inhale to Inferior Nasal Meatus**;** Exhale with Fixed Ethmoid Bone					
Allltime Aligners: L5**/** pisiforms, Mc Ss 2**/** incuses, Mc Ss 1**/** hyoid, Mt Ss 1**/** patellas**; 3-Day Aligner: Dermatome C5**					
Center-of-Gravity for below is Day 1> S3**;** Day 2> Medial Ss of Mt Ss 1**;** Day 3> Lower Central Incisor					
Day1 B.T.>Sigmoid**/**Transverse S. > S3 > Long Gyrus & Ethmoid B.		Day 2 Breath Tract > Cavernous Sinus 1 > Medial Ss of Mt Ss 1 > Lacrimal Bone		Day 3 Breath Tract > LLS 7+8 > Lower Central Incisor > Mt 5	
Bone Scaffold	Breath Tracts	Change Instigators	Day 1 Muscles	Day 2 Muscles	Day 3 Muscles
out in	out in	out in	out in	out in	out in
lacrimal	cav. s. 1	med.Ss,MtSs1	dilator	sphincter	orbitalis
^xiphoid proc.	^ frontal s.	^ethmoid 6th par.	^ ciliaris, l. f.	^ ciliaris,cir. f.	^ ciliaris,radial f.
C1	a.s.d.a.	low. 2nd molar	same muscle	same muscle	same muscle
^ Mc 5	^ RLS 1	^ low.2nd pre-m.	^ same muscle	^ same muscle	^ same muscle
T1	RLS 4	low.1st pre-molar	same muscle	same muscle	same muscle
^ Mt 5	**^ LLS 7+8**	**^low.central inc**	**^ same muscle**	**^ same muscle**	**^ same muscle**
98(122) Mt 2 as 3-Day Bone - Inhale to Middle Nasal Meatus**;** Exhale with Fixed Sphenoid Bone					
Allltime Aligners: L5**/** pisiforms, Mc Ss 2**/** incuses, Mc Ss 1**/** hyoid, Mt Ss 1**/** patellas**; 3-Day Aligner: Dermatome C6**					
Center-of-Gravity for below is Day 1 > C5**;** Day 2 > L5**;** Day 3 > Upper Central Incisor					
Day1 B.T.>Sigmoid**/**Transverse S. >C5 >Short Gyrus & Sphenoid B.		Day 2 Breath Tract > Cavernous Sinus 1 > L5 > Maxilla Bone		Day 3 Breath Tract > LLS 7+8 > Upper Central Incisor> Mt 2	
Bone Scaffold	Breath Tracts	Change Instigators	Day 1 Muscles	Day 2 Muscles	Day 3 Muscles
out in	out in	out in	out in	out in	out in
maxilla	cav. s. 1	L5	dilator	sphincter	orbitalis
^ sternum	^ frontal s.	^bone marrow	^ uter./scro.,l.f.	^ uter./scro.,cir.f.	^ uter./scro.,ra. f.
C2	a.s.d.a.	up. 2nd molar	same muscle	same muscle	same muscle
^ Mc 2	^ RLS 1	^ up.2nd pre-m.	^ same muscle	^ same muscle	^ same muscle
rib 1	RLS 4	up.1st pre-molar	same muscle	same muscle	same muscle
^ Mt 2	**^ LLS 7+8**	**^up.central inc**	**^ same muscle**	**^ same muscle**	**^ same muscle**
99(123) Mt PP5 as 3-Day Bone - Inhale to Superior Nasal Meatus**;** Exhale with Fixed Vomer Bone					
Allltime Aligners: L5**/** pisiforms, Mc Ss 2**/** incuses, Mc Ss 1**/** hyoid, Mt Ss 1**/** patellas**; 3-Day Aligner: Dermatome C7**					
Center-of-Gravity for below is Day 1> Maxilla Alveolar Proc.**;** Day 2> Med.Ss, Mt Ss1**;** Day 3> Low. Lat. Incisor					
Day1 B.T.>Sigmoid**/**Transverse S. >Maxilla Alveo.Proc.>Dentate Gy.		Day 2 Breath Tract > Cavernous Sinus 1 > Medial Ss of Mt Ss 1 > Lacrimal Bone		Day 3 Breath Tract > LLS 7+8 > Lower Lateral Incisor > Mt PP5	
Bone Scaffold	Breath Tracts	Change Instigators	Day 1 Muscles	Day 2 Muscles	Day 3 Muscles
out in	out in	out in	out in	out in	out in
lacrimal	cav. s. 1	med.Ss,MtSs1	dilator	sphincter	orbitalis
^manubrium	^ frontal s.	^ carotid art.	^ same muscle for	^ same muscle for	^ same muscle for
C3	a.s.d.a.	lunate	all 5 body bones**:**	all 5 body bones**:**	all 5 body bones**:**
^ Mc PP5	^ RLS 1	^ tibia	^ levator palpebrae	^ levator palpebrae	^ levator palpebrae
T2	RLS 4	talus	superioris**,**	superioris**,**	superioris**,**
^ Mt PP5	**^ LLS 7+8**	**^ low.lat.inc.**	**^superficial lamella**	**^middle lamella**	**^deep lamella**
100(124) Mt PP2 as 3-Day Bone - Inhale to Sphenoid Sinus, Front Area**;** Exhale with Fixed Palatine Bone					
Allltime Aligners: L5**/** pisiforms, Mc Ss 2**/** incuses, Mc Ss 1**/** hyoid, Mt Ss 1**/** patellas**; 3-Day Aligner: Dermatome C8**					
Center-of-Gravity for below is Day 1 > Mandible Alveolar Process**;** Day 2 > L5**;** Day 3 > Upper Lateral Incisor					
Day1 B.T.>Sigmoid**/**Transverse S. >Mandible Alveo.Proc.>Orbital Gy		Day 2 Breath Tract > Cavernous Sinus 1 > L5 > Maxilla Bone		Day 3 Breath Tract > LLS 7+8 > Upper Lateral Incisor> Mt PP2	
Bone Scaffold	Breath Tracts	Change Instigators	Day 1 Muscles	Day 2 Muscles	Day 3 Muscles
out in	out in	out in	out in	out in	out in
maxilla	cav. s. 1	L5	dilator	sphincter	orbitalis
^ clavicle	^ frontal s.	^ pineal gland	^ bladder, l. f.	^ bladder, cir.f.	^bladder,radial f.
C4	a.s.d.a.	hook of hamate	same muscle	same muscle	same muscle
^ Mc PP2	^ RLS 1	^ femur	^ same muscle	^ same muscle	^ same muscle
rib 2	RLS 4	calcaneus	same muscle	same muscle	same muscle
^ Mt PP2	**^ LLS 7+8**	**^ up.lat.inc.**	**^ same muscle**	**^ same muscle**	**^ same muscle**

Mt MP5, Mt MP2, Mt DP5, Mt DP2 as 3-Day Bones (showing each one's Breath-Receiving Area)					
101(125) Mt MP5 as 3-Day Bone - Inhale to Nasolacrimal Duct (N. D.); Exhale with Fixed Inferior Nasal Concha (N. C.)					
Allltime Aligners: L5/ pisiforms, Mc Ss 2/ incuses, Mc Ss 1/ hyoid, Mt Ss 1/ patellas; **3-Day Aligner: Dermatome T1**					
Center-of-Gravity for below is Day 1> Up. Wisdom Tooth; Day 2> Med.Ss, Mt Ss1; Day 3> Low. Canine					
Day 1 B.T.> Straight/Occipital S. >Up. Wisdom Tooth>Straight Gy.		Day 2 Breath Tract > Cavernous Sinus 2 > Medial Ss of Mt Ss 1 > Lacrimal Bone		Day 3 Breath Tract > RLS 8 > Lower Canine > Mt MP5	
Bone Scaffold	Breath Tracts	Change Instigators	Day 1 Muscles	Day 2 Muscles	Day 3 Muscles
out in	out in	out in	out in	out in	out in
lacrimal	cav. s. 2	med.Ss,MtSs1	dilator	sphincter	orbitalis
^ scapula	^ mastoid c.	^ optic nerve	^ platysma	^ hair follicle m's.	^ temporoparietalis
S5	p. s. d. a.	pisiform	thyroepiglottic	inf. obl. of eye	aryepiglottic
^ Mc MP5	^ LLS 1+2	^ hyoid	^deltoid, back p.	^deltoid, middle p.	^deltoid,2nd fnt.p.
T3	LLS 5	patella	rotatores brevis	multifidi	rotatores longus
^ Mt MP5	**^ RLS 8**	**^lower canine**	**^ inf. gemellus**	**^obturator externus**	**^ sup. gemellus**
102(126) Mt MP2 as 3-Day Bone - Inhale to N. D. & Backmost Front Nasal Groove; Exhale with Fixed Middle N. C.					
Allltime Aligners: L5/ pisiforms, Mc Ss 2/ incuses, Mc Ss 1/ hyoid, Mt Ss 1/ patellas; **3-Day Aligner: Dermatome T2**					
Center-of-Gravity for below is Day 1 > Lower Wisdom Tooth; Day 2 > L5; Day 3 > Upper Canine					
Day 1 B.T.> Straight/Occipital S. >Low.Wis.Tooth>Subcallosal Gy.		Day 2 Breath Tract > Cavernous Sinus 2 > L5 > Maxilla Bone		Day 3 Breath Tract > RLS 8 > Upper Canine > Mt MP2	
Bone Scaffold	Breath Tracts	Change Instigators	Day 1 Muscles	Day 2 Muscles	Day 3 Muscles
out in	out in	out in	out in	out in	out in
maxilla	cav. s. 2	L5	dilator	sphincter	orbitalis
^ humerus	^ mastoid c.	^thoracic duct	^lev.costae brev.	^circulatory sys.m's.	^ lev.costae long.
S4	p. s. d. a.	triquetrum	obl. arytenoid	acces.mus.bun.	trans. arytenoid
^ Mc MP2	^ LLS 1+2	^ stapes	^ flex.carpi rad.	^ palmaris long.	^ flex.carpi ulnaris
rib 3	LLS 5	fibula	intertrans.cer.a&p	intertrans.lum.t&m	intertrans.lum.lat.
^ Mt MP2	**^ RLS 8**	**^upper canine**	**^ishiococcygeus**	**^obturator internus**	**^ piriformis**
103(127) Mt DP5 as 3-Day Bone - Inhale to Middle Front Nasal Groove; Exhale with Fixed Superior Nasal Concha					
Allltime Aligners: L5/ pisiforms, Mc Ss 2/ incuses, Mc Ss 1/ hyoid, Mt Ss 1/ patellas; **3-Day Aligner: Dermatome T3**					
Center-of-Gravity for below is Day 1 > Upper 2nd Molar; Day 2 > Medial Ss of Mt Ss 1; Day 3 > RLS 10					
Day 1 B.T.> Straight/Occipital S. >Upper 2nd Molar>Cingulate Gy.		Day 2 Breath Tract > Cavernous Sinus 2 > Medial Ss of Mt Ss 1 > Lacrimal Bone		Day 3 Breath Tract > RLS 8 > RLS 10 > Mt DP5	
Bone Scaffold	Breath Tracts	Change Instigators	Day 1 Muscles	Day 2 Muscles	Day 3 Muscles
out in	out in	out in	out in	out in	out in
lacrimal	cav. s. 2	med.Ss,MtSs1	dilator	sphincter	orbitalis
^ radius	^ mastoid c.	^ parathyroids	^ heart, ant.pap.	^ heart, sep.pap.	^ heart, post.pap.
S3	p. s. d. a.	utricle (3 part)	lat.cricoarytenoid	eye's sup.obl.	post.cricoarytenoid
^ Mc DP5	^ LLS 1+2	^ RLS 10"	^ext.carpi rad.bre.	^brachioradialis	^ext.carpi rad.long.
T4	LLS 5	RLS 10'	levator veli palatini	salpingopharyngeus	tensor veli palatini
^ Mt DP5	**^ RLS 8**	**^ RLS 10**	**^add. minimus**	**^ gracilis**	**^ add. magnus**
104(128) Mt DP2 as 3-Day Bone - Inhale to Frontmost Front Nasal Groove; Exhale with Fixed Highest Nasal Concha					
Allltime Aligners: L5/ pisiforms, Mc Ss 2/ incuses, Mc Ss 1/ hyoid, Mt Ss 1/ patellas; **3-Day Aligner: Dermatome T4**					
Center-of-Gravity for below is Day 1 > Lower 2nd Molar; Day 2 > L5; Day 3 > LLS 10					
Day 1 B.T.> Straight/Occipital S. > Lower 2nd Molar > Lingual Gy.		Day 2 Breath Tract > Cavernous Sinus 2 > L5 > Maxilla Bone		Day 3 Breath Tract > RLS 8 > LLS 10 > Mt DP2	
Bone Scaffold	Breath Tracts	Change Instigators	Day 1 Muscles	Day 2 Muscles	Day 3 Muscles
out in	out in	out in	out in	out in	out in
maxilla	cav. s. 2	L5	dilator	sphincter	orbitalis
^ ulna	^ mastoid c.	^ thyroid gland	^ heart, ant.pec.	^ heart, sep.pec.	^ heart, post.pec.
C5	p. s. d. a.	saccule (3 part)	vocalis	obl. thyroarytenoid	thyroarytenoid
^ Mc DP2	^ LLS 1+2	^ LLS 10"	^ ext.pollicis bre.	^extensor indicis	^ext.pollicis long.
rib 4	LLS 5	LLS 10'	tensor tympani	uvula	stapedius
^ Mt DP2	**^ RLS 8**	**^ LLS 10**	**^soleus, inner p.**	**^ popliteus**	**^soleus, outer p.**

Mt 4, Navicular, Mt PP4, Cuneiform Intermediate as 3-Day Bones (showing each one's Breath-Receiving Area)

105(129) Mt 4 as 3-Day Bone - Inhale to Sphenoid Sinus, Top Back Area; Exhale with Fixed Nasal Bone

Allltime Aligners: L5/ pisiforms, Mc Ss 2/ incuses, Mc Ss 1/ hyoid, Mt Ss 1/ patellas; **3-Day Aligner: Dermatome T5**

Center-of-Gravity for below is Day 1 > Upper 1st Molar; Day 2 > Medial Ss of Mt Ss 1; Day 3 > RLS 9

Day 1 B. T.> Sup. Petrosal Sinus > Up. 1st Molar > Inf. Frontal Gy.	Day 2 Breath Tract >Cavernous Sinus 3 > Medial Ss of Mt Ss 1 > Lacrimal Bone	Day 3 Breath Tract > LLS 9 > RLS 9 > Mt 4

Bone Scaffold		Breath Tracts		Change Instigators		Day 1 Muscles		Day 2 Muscles		Day 3 Muscles	
out	in	out	in	out	in	out	in	out	in	out	in
lacrimal		cav. s. 3		med.Ss,MtSs1		dilator		sphincter		orbitalis	
^ triquetrum		^ maxillary s.		^ trochlear n.		^esophagus, l. f.		^esophagus,cir.f.		^esophagus, m.m.	
S2		l. s. d. a.		3-item hair cells		nasalis, alar p.		eye's inf.rectus		nasalis, trans.p.	
^ Mc 4		^ RLS 2		^ RLS 9"		^ trapezius, frtm.p.		^pectoralis,abdm.p.		^ deltoid, frtm.part	
T5		RLS 5		RLS 9'		longissimus capitis		spinalis cap.&cers.		ilioc. thor. & cers.	
^ Mt 4		**^ LLS 9**		**^ RLS 9**		**^add.hal.,obl.head**		**^abductor hallucis**		**^add.hal.,trans.h.**	

106(130) Navicular as 3-Day Bone - Inhale to Sphenoid Sinus, Bottom Back Area; Exhale with Fixed Frontal Bone

Allltime Aligners: L5/ pisiforms, Mc Ss 2/ incuses, Mc Ss 1/ hyoid, Mt Ss 1/ patellas; **3-Day Aligner: Dermatome T6**

Center-of-Gravity for below is Day 1 > Lower 1st Molar; Day 2 > L5; Day 3 > LLS 9

Day 1 B. T.> Sup. Petrosal Sinus >Low.1st Molar > Inf. Fr. Gy., Op.	Day 2 Breath Tract >Cavernous Sinus 3 > L5 > Maxilla Bone	Day 3 Breath Tract > LLS 9 > LLS 9 > Navicular

Bone Scaffold		Breath Tracts		Change Instigators		Day 1 Muscles		Day 2 Muscles		Day 3 Muscles	
out	in	out	in	out	in	out	in	out	in	out	in
maxilla		cav. s. 3		L5		dilator		sphincter		orbitalis	
^ pisiform		^ maxillary s.		^ Peyer's pat.		^ stomach, l.lay.		^stomach,cir.lay.		^stomach,obl.lay.	
C6		l. s. d. a.		3 semicircular d.s		orbc.oculi, pal.p.		depres.supercilii		orbc.oculi, orb.p.	
^ scaphoid		^ RLS 2		^ LLS 9"		^ teres minor		^latissimus dorsi		^ teres major	
rib 5		RLS 5		LLS 9'		interspin. cers.		obl. capitis inf.		interspin. lumbo.	
^ navicular		**^ LLS 9**		**^ LLS 9**		**^abd.digi.mini.,med**		**^opponens digi.mini**		**^abd.digi.mini.,lat.**	

107(131) Mt PP4 as 3-Day Bone - Inhale to Ethmoid Cells, Back Cells; Exhale with Fixed Parietal Bone

Allltime Aligners: L5/ pisiforms, Mc Ss 2/ incuses, Mc Ss 1/ hyoid, Mt Ss 1/ patellas; **3-Day Aligner: Dermatome T7**

Center-of-Gravity for below is Day 1 > Upper 2nd Pre-Molar; Day 2 > Med.Ss, Mt Ss1; Day 3 > RLS 8

Day 1 B. T.> Sup. Petrosal Sinus > Up.2nd Pre-M.> Inf. Fr. Gy., Tri.	Day 2 Breath Tract >Cavernous Sinus 3 > Medial Ss of Mt Ss 1 > Lacrimal Bone	Day 3 Breath Tract > LLS 9 > RLS 8 > Mt PP4

Bone Scaffold		Breath Tracts		Change Instigators		Day 1 Muscles		Day 2 Muscles		Day 3 Muscles	
out	in	out	in	out	in	out	in	out	in	out	in
lacrimal		cav. s. 3		med.Ss,MtSs1		dilator		sphincter		orbitalis	
^hamate hook		^ maxillary s.		^ aorta		^sm.intest.,l. f.		^sm.intest.,cir.f.		^sm.intest.,m.m.	
S1		utricle		low.1st molar		orbc.oris, supf. f.		eye's med.rectus		risorius	
^ Mc PP4		^ RLS 2		^ RLS 8"		^ subscapularis		^ supraspinatus		^ infraspinatus	
T6		RLS 5		RLS 8'		longis.thor.&cers.		spinalis thoracis		iliocostalis lumbo.	
^ Mt PP4		**^ LLS 9**		**^ RLS 8**		**^quad.plantae,med**		**^interos.lumb.#1**		**^quad.plantae,lat.**	

108(132) Cuneiform Intermediate as 3-Day Bone - Inhale to Ethmoid Front Cells; Exhale with Fixed Occipital Bone

Allltime Aligners: L5/ pisiforms, Mc Ss 2/ incuses, Mc Ss 1/ hyoid, Mt Ss 1/ patellas; **3-Day Aligner: Dermatome T8**

Center-of-Gravity for below is Day 1 > Lower 2nd Pre-Molar; Day 2 > L5; Day 3 > LLS 7+8

Day 1 B. T.> Sup. Petrosal Sinus >Low.2nd Pre-M.>Inf. Fr. Gy.,Orb.	Day 2 Breath Tract >Cavernous Sinus 3 > L5 > Maxilla Bone	Day 3 Breath Tract > LLS 9 > LLS 7+8 > Cuneiform Intermediate

Bone Scaffold		Breath Tracts		Change Instigators		Day 1 Muscles		Day 2 Muscles		Day 3 Muscles	
out	in	out	in	out	in	out	in	out	in	out	in
maxilla		cav. s. 3		L5		dilator		sphincter		orbitalis	
^ lunate		^ maxillary s.		^ pyloric gland		^ l.bun.bile duct		^ bile duct sphin.		^ hepat.am.sphin.	
C7		utricle		up.1st molar		lev.anguli oris		depres.septi nasi		depres.ang.oris	
^ trapezoid		^ RLS 2		^ LLS 7+8"		^pecto.maj.,clav.p.		^pectoralis minor		^pecto.maj.,ster.p.	
rib 6		RLS 5		LLS 7+8'		semispinalis cers.		splenius cers.		semispinalis thor.	
^ cun.intermed.		**^ LLS 9**		**^ LLS 7+8**		**^interos.plantar**		**^interos.lumb.#2,3,4**		**^interos. dorsal**	

Mt MP4, Cuneiform Lateral, Mt DP4, Cuboid as 3-Day Bones (showing each one's Breath-Receiving Area)

109(133) Mt MP4 as 3-Day Bone - Inhale to Maxillary Sinus, Top Area**;** Exhale with Fixed Temporal Bone

Allltime Aligners: L5**/** pisiforms, Mc Ss 2**/** incuses, Mc Ss 1**/** hyoid, Mt Ss 1**/** patellas**; 3-Day Aligner: Dermatome T9**

Center-of-Gravity for below is Day 1 > Upper 1st Pre-Molar**;** Day 2 > Med.Ss, Mt Ss1**;** Day 3 > RLS 7

Day 1 B. T. > Inf. Petrosal Sinus >Up.1st Pre-M.>Supramarginal G.	Day 2 Breath Tract > Cavernous Sinus 4 > Medial Ss of Mt Ss 1 > Lacrimal Bone	Day 3 Breath Tract > RLS 9 > RLS 7 > Mt MP4

Bone Scaffold		Breath Tracts		Change Instigators		Day 1 Muscles		Day 2 Muscles		Day 3 Muscles	
out	in	out	in	out	in	out	in	out	in	out	in
lacrimal		cav. s. 4		med.Ss,MtSs1		dilator		sphincter		orbitalis	
	^ malleus		^ tympanic c.		^ abducent n.		^large intest.,l.f.		^large intest.,cir.f.		^large intest.,m.m.
Cx 1		saccule		pelvic hip		lev.labii.su.ala.na.		eye's lat. rectus		mentalis	
	^ Mc MP4		^ LLS 3		^ RLS 7**"**		^trapezius, fnt.p.2		^trapezius,mid.p.		^trapezius, back p.
T7		LLS 6		RLS 7**'**		long.col., sup.obl.p.		long. col., vert. p.		long. col., inf.obl. p.	
^ Mt MP4		**^ RLS 9**		**^ RLS 7**		**^extn.hal./dig.bre.**		**^extn.hal.longus**		**^extn.dig.longus**	

110(134) Cuneiform Lateral as 3-Day Bone - Inhale to Maxillary Sinus, Bottom Area**;** Exhale with Fixed Zygomatic B.

Allltime Aligners: L5**/** pisiforms, Mc Ss 2**/** incuses, Mc Ss 1**/** hyoid, Mt Ss 1**/** patellas**; 3-Day Aligner: Dermatome T10**

Center-of-Gravity for below is Day 1 > Lower 1st Pre-Molar**;** Day 2 > L5.**;** Day 3 > RLS 6

Day 1 B. T. > Inf. Petrosal Sinus >Low.1st Pre-M.>Sup.Temporal G	Day 2 Breath Tract > Cavernous Sinus 4 > L5 > Maxilla Bone	Day 3 Breath Tract > RLS 9 > RLS 6 > Cuneiform Lateral

Bone Scaffold		Breath Tracts		Change Instigators		Day 1 Muscles		Day 2 Muscles		Day 3 Muscles	
out	in	out	in	out	in	out	in	out	in	out	in
maxilla		cav. s. 4		L5		dilator		sphincter		orbitalis	
	^ incus		^ tympanic c.		^ spleen		^ rectum, l. f.		^ rectum, cir. f.		^ rectum, m.m.
Cx 2		saccule		upper hip		auricularis ant.		auricularis sup.		auricularis post.	
	^ capitate		^ LLS 3		^ RLS 6**"**		^rhomboid minor		^levator scapulae		^rhomboid major
rib 7		LLS 6		RLS 6**'**		rectus cap. ant.		obl. capitis sup.		rectus cap. lat.	
^cuneiform lat.		**^ RLS 9**		**^ RLS 6**		**^gastrocnemius, m.**		**^ plantaris**		**^gastrocnemius,lat.**	

111(135) Mt DP4 as 3-Day Bone - Inhale to Tympanic Cells, Top Cells**;** Exhale with Fixed Lacrimal Bone

Allltime Aligners: L5**/** pisiforms, Mc Ss 2**/** incuses, Mc Ss 1**/** hyoid, Mt Ss 1**/** patellas**; 3-Day Aligner: Dermatome T11**

Center-of-Gravity for below is Day 1 > Medial Ss of Mt Ss 1**;** Day 2 > Med.Ss, Mt Ss1**;** Day 3 > LLS 6

Day 1 B. T. > Inf. Petrosal Sinus >Med.Mt Ss>Mid.Tem.Gy.+Lac.B.	Day 2 Breath Tract > Cavernous Sinus 4 > Medial Ss of Mt Ss 1 > Lacrimal Bone	Day 3 Breath Tract > RLS 9 > LLS 6 > Mt DP4

Bone Scaffold		Breath Tracts		Change Instigators		Day 1 Muscles		Day 2 Muscles		Day 3 Muscles	
out	in	out	in	out	in	out	in	out	in	out	in
lacrimal		cav. s. 4		med.Ss,MtSs1		dilator		sphincter		orbitalis	
	^ upper hip		^ tympanic c.		^subclavian art.		^ conjoined l.		^ int. anal sphin.		^ anal canal, m.m.
Cx 3		saccule		incus		lev.labii superioris		eye's sup.rectus		depres.labii infer.	
	^ Mc DP4		^ LLS 3		^ LLS 6**"**		^triceps brc.,long		^triceps brc.,med.		^triceps brc.,lat.h.
T8		LLS 6		LLS 6**'**		rec.cap.post.min.		longus capitis		rec.cap.post.maj.	
^ Mt DP4		**^ RLS 9**		**^ LLS 6**		**^ flexor dig.brev.**		**^flex.digi.mini.brev.**		**^ flexor dig.long.**	

112(136) Cuboid as 3-Day Bone - Inhale to Tympanic Cells, Bottom Cells**;** Exhale with Fixed Maxilla Bone

Allltime Aligners: L5**/** pisiforms, Mc Ss 2**/** incuses, Mc Ss 1**/** hyoid, Mt Ss 1**/** patellas**; 3-Day Aligner: Dermatome T12**

Center-of-Gravity for below is Day 1 > L5**;** Day 2 > L5**;** Day 3 > RLS 5

Day 1 B. T. > Inf. Petrosal Sinus >L5 >Inf. Temporal G.+ Maxilla B.	Day 2 Breath Tract > Cavernous Sinus 4 > L5 > Maxilla Bone	Day 3 Breath Tract > RLS 9 > RLS 5 > Cuboid

Bone Scaffold		Breath Tracts		Change Instigators		Day 1 Muscles		Day 2 Muscles		Day 3 Muscles	
out	in	out	in	out	in	out	in	out	in	out	in
maxilla		cav. s. 4		L5		dilator		sphincter		orbitalis	
	^ pelvic hip		^ tympanic c.		^ pancreas		^corrug.cutis ani		^ext.anal sphin.		^ levator ani
Cx 4		saccule		malleus		lat.ptery., inf.h.		medial pterygoid		lat.ptery., sup.h.	
	^ hamate		^ LLS 3		^ RLS 5**"**		^ coracobrachialis		^abd. pollicis long.		^ brachialis
rib 8		LLS 6		RLS 5**'**		semisp.cap.,med.		splenius capitis		semisp.cap.,lat.	
^ cuboid		**^ RLS 9**		**^ RLS 5**		**^biceps fem.,short**		**^ quad. femoris**		**^biceps fem.,long**	

Mt 3, Cuneiform Medial, Mt PP3, Mt 1 as 3-Day Bones (showing each one's Breath-Receiving Area)					
113(137) Mt 3 as 3-Day Bone - Inhale to Frontal Sinus, Top Area; Exhale with Fixed Upper Canine					
Allltime Aligners: L5/ pisiforms, Mc Ss 2/ incuses, Mc Ss 1/ hyoid, Mt Ss 1/ patellas; **3-Day Aligner: Dermatome L1**					
Center-of-Gravity for below is Day 1 > Upper Canine; Day 2 > Medial Ss, Mt Ss1; Day 3 > LLS 5					
Day 1 B. T. > Sup. Sagittal Sinus >Up.Canine>Angular Gy.+ Lat.Ss		Day 2 Breath Tract > Cavernous Sinus 5 > Medial Ss of Mt Ss 1 > Lacrimal Bone		Day 3 Breath Tract > LLS 10 > LLS 5 > Mt 3	
Bone Scaffold	Breath Tracts	Change Instigators	Day 1 Muscles	Day 2 Muscles	Day 3 Muscles
out in	out in	out in	out in	out in	out in
lacrimal	cav. s. 5	med.Ss,MtSs1	dilator	sphincter	orbitalis
^ stapes	^sphenoid s.	^ vestibuloc.nr.	^int.obl.abdm.&cr.	^rec.abdm.,1st p.	^ext.obl.abdm.
L1	out.hair cells	limen nasi	zygomaticus min.	helicis minor	zygomaticus maj.
^ Mc 3	^ RLS 3	^ LLS 5"	^add.pol., obl. h.	^abd.pollicis bre.	^add.pol.,trans.h.
T9	RLS 6	LLS 5'	palatopharyngeus	inf. pharyngeal con.	stylopharyngeus
^ Mt 3	**^ LLS 10**	**^ LLS 5**	**^vastus medialis**	**^vastus interme.**	**^vastus lateralis**
114(138) Cuneiform Medial as 3-Day Bone - Inhale to Frontal S., Bottom Area; Exhale with Fixed Lower Canine					
Allltime Aligners: L5/ pisiforms, Mc Ss 2/ incuses, Mc Ss 1/ hyoid, Mt Ss 1/ patellas; **3-Day Aligner: Dermatome L2**					
Center-of-Gravity for below is Day 1 > Lower Canine; Day 2 > L5; Day 3 > RLS 4					
Day 1 B. T. > Sup. Sagittal Sinus >Low.Canine>Lat.Occ.G.+Med.Ss		Day 2 Breath Tract > Cavernous Sinus 5 > L5 > Maxilla Bone		Day 3 Breath Tract > LLS 10 > RLS 4 > Cuneiform Medial	
Bone Scaffold	Breath Tracts	Change Instigators	Day 1 Muscles	Day 2 Muscles	Day 3 Muscles
out in	out in	out in	out in	out in	out in
maxilla	cav. s. 5	L5	dilator	sphincter	orbitalis
^ hyoid	^sphenoid s.	^ thymus gl.	^ transversus thor.	^rec.abdm.,2nd p.	^ transversus abdm.
L2	out.hair cells	agger nasi	deep masseter	temporalis	supf. masseter
^trapezium	^ RLS 3	^ RLS 4"	^opponens pol.	^palmaris brevis	^opponens digi.min.
rib 9	RLS 6	RLS 4'	cricothyroid, obl.p.	cricopharyngeus	cricothyroid, str.p.
^cun.med.	**^ LLS 10**	**^ RLS 4**	**^semitendinosus**	**^articularis genu**	**semimembranosus**
115(139) Mt PP3 as 3-Day Bone - Inhale to Mastoid Cells, Top Cells; Exhale with Fixed Upper Lateral Incisor					
Allltime Aligners: L5/ pisiforms, Mc Ss 2/ incuses, Mc Ss 1/ hyoid, Mt Ss 1/ patellas; **3-Day Aligner: Dermatome L3**					
Center-of-Gravity for below is Day 1 > Upper Lateral Incisor; Day 2 > Medial Ss, Mt Ss1; Day 3 > LLS 4					
Day 1 B. T. > Sup. Sagittal Sinus >Up.Lat.Inc.>Med.Occ.G.+Lat.Ss		Day 2 Breath Tract > Cavernous Sinus 5 > Medial Ss of Mt Ss 1 > Lacrimal Bone		Day 3 Breath Tract > LLS 10 > LLS 4 > Mt PP3	
Bone Scaffold	Breath Tracts	Change Instigators	Day 1 Muscles	Day 2 Muscles	Day 3 Muscles
out in	out in	out in	out in	out in	out in
lacrimal	cav. s. 5	med.Ss,MtSs1	dilator	sphincter	orbitalis
^ femur	^sphenoid s.	^celiac trunk	^serratus ant.,up.p.	^rec.abdm.,3rd p.	^serratus ant.,low.p.
L3	out.hair cells	ethmoidal bulla	tragicus	helicis major	antitragicus
^ Mc PP3	^ RLS 3	^ LLS 4"	^ flex.pollicis brev.	^ abd.digi.min.	^flex.digi.min.brev.
T10	RLS 6	LLS 4'	orbc.oris, deep fibers	sup. pharyn. con.	buccinator
^ Mt PP3	**^ LLS 10**	**^ LLS 4**	**^ iliacus**	**^ psoas**	**^quad.lumborum**
116(140) Mt 1 as 3-Day Bone - Inhale to Mastoid Cells, Bottom Cells; Exhale with Fixed Lower Lateral Incisor					
Allltime Aligners: L5/ pisiforms, Mc Ss 2/ incuses, Mc Ss 1/ hyoid, Mt Ss 1/ patellas; **3-Day Aligner: Dermatome L4**					
Center-of-Gravity for below is Day 1 > Lower Lateral Incisor; Day 2 > L5; Day 3 > RLS 3					
Day 1 B. T. > Sup. Sagittal Sinus >Low.Lat.Inc.>Parahip.G.+Med.Ss		Day 2 Breath Tract > Cavernous Sinus 5 > L5 > Maxilla Bone		Day 3 Breath Tract > LLS 10 > RLS 3 > Mt 1	
Bone Scaffold	Breath Tracts	Change Instigators	Day 1 Muscles	Day 2 Muscles	Day 3 Muscles
out in	out in	out in	out in	out in	out in
maxilla	cav. s. 5	L5	dilator	sphincter	orbitalis
^ tibia	^sphenoid s.	^suprarenal gl.	^serratus post.sup.	^rec.abdm.,4th/5th	^serratus post.inf.
L4	out.hair cells	uncinate process	procerus	epicranius	corrug.supercilii
^ Mc 1	^ RLS 3	^ RLS 3"	^ interos. palmar	^ interos.lumb.	^ interos. dorsal
rib 10	RLS 6	RLS 3'	digastric, ant.belly	mid. pharyn. con.	digastric, post.belly
^ Mt 1	**^ LLS 10**	**^ RLS 3**	**^gluteus minimus**	**^gluteus maximus**	**^gluteus medius**

Mt MP3, Mt PP1, Mt DP3, Mt DP1 as 3-Day Bones (showing each one's Breath-Receiving Area)					
117(141) Mt MP3 as 3-Day Bone - Inhale to Top Right Lung Segment**;** Exhale with Fixed Upper Central Incisor					
Allltime Aligners: L5**/** pisiforms, Mc Ss 2**/** incuses, Mc Ss 1**/** hyoid, Mt Ss 1**/** patellas**; 3-Day Aligner: Dermatome L5**					
Center-of-Gravity for below is Day 1 > Upper Central Incisor**;** Day 2 > Med. Ss, Mt Ss1**;** Day 3 > LLS 3					
Day 1 B. T. > Inf. Sagittal Sinus >Up.Cen.Inc.>Postcen.G.+Lat.Ss	Day 2 Breath Tract >Cavernous Sinus 6 > Medial Ss of Mt Ss 1 > Lacrimal Bone		Day 3 Breath Tract > RLS 10 > LLS 3 > Mt MP3		
Bone Scaffold	Breath Tracts	Change Instigators	Day 1 Muscles	Day 2 Muscles	Day 3 Muscles
out in	out in	out in	out in	out in	out in
lacrimal	cav. s. 6	med.Ss,Mt Ss1	dilator	sphincter	orbitalis
^ fibula	^ ethmoid c.	^ vagus nerve	^sternoclei.,ster.h.	^ pyramidalis	^sternoclei.,clav.h.
L5	in. hair cells	L5	sternothyroid	sternohyoid	thyrohyoid
^ Mc MP3	^ LLS 4	^ LLS 3**"**	^ bic.brc.,short h.	^ anconeus	^ bic.brc., long h.
T11	RLS 7	LLS 3**'**	omohyoid, sup.bel.	subclavius	omohyoid, inf. belly
^ Mt MP3	**^ RLS 10**	**^ LLS 3**	**^ tibialis ant.**	**^ flex.hal.bre.**	**^ tibialis post.**
118(142) Mt PP1 as 3-Day Bone - Inhale to Middle Right Lung Segment**;** Exhale with Fixed Lower Central Incisor					
Allltime Aligners: L5**/** pisiforms, Mc Ss 2**/** incuses, Mc Ss 1**/** hyoid, Mt Ss 1**/** patellas**; 3-Day Aligner: Dermatome S1**					
Center-of-Gravity for below is Day 1 > Lower Central Incisor**;** Day 2 > L5**;** Day 3 > RLS 2					
Day 1 B. T. > Inf. Sagittal Sinus >Low.Cen.Inc.>Precen.G.+Med.S	Day 2 Breath Tract >Cavernous Sinus 6 > L5 > Maxilla Bone		Day 3 Breath Tract > RLS 10 > RLS 2 > Mt PP1		
Bone Scaffold	Breath Tracts	Change Instigators	Day 1 Muscles	Day 2 Muscles	Day 3 Muscles
out in	out in	out in	out in	out in	out in
maxilla	cav. s. 6	L5	dilator	sphincter	orbitalis
^ patella	^ ethmoid c.	^ tonsils	^ int. intercostal	^ inner. intercostal	^ ext. intercostal
Mc Ss 2	in. hair cells	Mc Ss 2	diaphr, ant.costal p.	diaphragm, ster.p.	diaphr.,post.lum./crs.
^ Mc PP1	^ LLS 4	^ RLS 2**"**	^ supinator	^ pronator quad.	^ pronator teres
rib 11	RLS 7	RLS 2**'**	geniohyoid	mylohyoid	stylohyoid
^ Mt PP1	**^ RLS 10**	**^ RLS 2**	**^ fibularis brev.**	**^ flex.hal.long.**	**^ fibularis long.**
119(143) Mt DP3 as 3-Day Bone - Inhale to Bottom Right Lung Segment**;** Exhale with Fixed Body of Mandible					
Allltime Aligners: L5/ pisiforms, Mc Ss 2/ incuses, Mc Ss 1/ hyoid, Mt Ss 1/ patellas**; 3-Day Aligner: Dermatome S2**					
Center-of-Gravity for below is Day 1 > Medial Ss of Mc Ss 1**;** Day 2 > Medial Ss, Mt Ss1**;** Day 3 > LLS 1+2					
Day 1 B. T. > Inf. Sagittal Sinus >Med.McSs>Mid.Front.G.+B.of M.	Day 2 Breath Tract >Cavernous Sinus 6 > Medial Ss of Mt Ss 1 > Lacrimal Bone		Day 3 Breath Tract > RLS 10 > LLS 1+2 > Mt DP3		
Bone Scaffold	Breath Tracts	Change Instigators	Day 1 Muscles	Day 2 Muscles	Day 3 Muscles
out in	out in	out in	out in	out in	out in
lacrimal	cav. s. 6	med.Ss,Mt Ss1	dilator	sphincter	orbitalis
^ calcaneus	^ ethmoid c.	^ iliac artery	^bulbocavernosus	^ supf.trans.peri.	^ischiocavernosus
Mc Ss 1	in. hair cells	Mc Ss 1	genioglossus, hor.f.	genioglossus, obl.f.	genioglossus, vert.f.
^ Mc DP3	^ LLS 4	^ LLS 1+2**"**	^ extn. digitorum	^extn.carpi ulnaris	^ extn.digi.mini.
T12	RLS 7	LLS 1+2**'**	palatoglossus	hyoglossus	styloglossus
^ Mt DP3	**^ RLS 10**	**^ LLS 1+2**	**^ tens.fasc.latae**	**^ sartorius**	**^rectus femoris**
120(144) Mt DP1 as 3-Day Bone - Inhale to Top Left Lung Segment**;** Exhale with Fixed Ramus of Mandible					
Allltime Aligners: L5**/** pisiforms, Mc Ss 2**/** incuses, Mc Ss 1**/** hyoid, Mt Ss 1**/** patellas**; 3-Day Aligner: Dermatome S3**					
Center-of-Gravity for below is Day 1 > Mc Ss 2**;** Day 2 > L5**;** Day 3 > RLS 1					
Day 1 B. T. > Inf. Sagittal Sinus >Mc Ss 2>Sup.Front.Gy.+R.of M.	Day 2 Breath Tract >Cavernous Sinus 6 > L5 > Maxilla Bone		Day 3 Breath Tract > RLS 10 > RLS 1 > Mt DP1		
Bone Scaffold	Breath Tracts	Change Instigators	Day 1 Muscles	Day 2 Muscles	Day 3 Muscles
out in	out in	out in	out in	out in	out in
maxilla	cav. s. 6	L5	dilator	sphincter	orbitalis
^ talus	^ ethmoid c.	^ gonads	^urethrov./ur.sphin.	^deep trans.peri.	^compres.urethrae
Mt Ss 1	in. hair cells	Mt Ss 1	ins.tongue, sup.l.f.	ins.tongue,ver**/**trans	ins.tongue, inf.l.f.
^ Mc DP1	^ LLS 4	^ RLS 1**"**	^ flex.dig.profundus	^ flex.pollicis long.	^ flex.dig.superf.
rib 12	RLS 7	RLS 1**'**	scalene, anterior	scalene, middle	scalene, posterior
^ Mt DP1	**^ RLS 10**	**^ RLS 1**	**^adductor brev.**	**^ pectineus**	**^adductor long.**

A Treatise on How the Human Body (Possibly) Actually Works (Page 80-92 in main book)
A Patchwork Essay of Piling-on Insights

I typed onto the pages at the end of Part 3, made blank in the 2017-copyrighted book, the hand-written summation I was just then completing in June, 2024 of the levels of functioning of the human body available to the human being which my many years of discoveries of these matters had yielded. Here I repeat the sometimes personal account to join other new material.

I seem to have one primary weak link in my body which determines everything that is happening in it (could this be true for most of us, that is, only one primary weak link and it possibly being a rib, on one side or the other?) My weak link seems to be left Rib 10 with the muscle with which I associate Rib 10, the digastric.

What happens with left Rib 10 seems to determine the disposition of the structures which control the destination of each inhaled breath and, then, the disposition of the structures which control the handling of that inhaled breath during exhalation.

And what is happening to that breath during each breath cycle determines the direction of everything that will happen in my body.

Optimal Functioning, the First of 4 Possibilities for Bodily Functioning

If the space in which my left Rib 10 exists can be kept fully expanded during an inhalation, then the soft palate will be raised to close off the nasal cavity from the pharynx so that no breath can enter the pharynx to go to the lungs, which is as it should be as will be explained in this essay. However, during this inhalation, the incisive canal through the hard palate will remain open in order for breath needed by the lungs and the body for construction purposes and system maintenance (as well as the first step-down from what I speak of as optimal functioning, stepped down in this first case by way of what I propose to be gap-junction ion channels) can go to relevant structures by way of the oral cavity and the oropharynx.

In large part, the manner in which fuel (energy) for the functioning of the body is being provided during inhalation is determined by the disposition of the soft palate. If it is up closing off the nasal cavity from the pharynx, then I hypothesize the condition is met for the body to be able to use its mirror-imaged structure that allows for either (in optimal functioning) the direct manipulation of its mirror-imaged structures, quite likely by means of the body's system of connective tissue, to let gravity do the work so that it is the participation of the human entity in the direct flow of the gravitational "stream" of our universe which is responsible for its energy for functioning or, alternatively, in the first step-down from optimal functioning, that allows for the use of energy for functioning by means of calling on the spatial-dimensionally mirror-imaged structure as propelled to work partially by impulses from gap-junction ion channels which are associated with the mirror-imaged structures.

If the soft palate is not up during inhalation, then energy for bodily functioning will require the aid of electrical or chemical energy provided by means of voltage-gated or ligand-gated ion channels. This essay will present the proposed circumstances necessary leading to the body calling on the aid of each of these three types of ion channels.

The book of which this essay is a part is ultimately directed toward attempting to discover and explain a manner of optimal functioning for the human body which will not lead to disease, aging and death.

In keeping with that ultimate purpose by initially discussing optimal functioning, I shall continue the story now at the peak of the discovery of that which my discoveries imply is necessary to engage in the optimal bodily functioning which is likely to allow the human body to constantly adjust to the universe of which it is a part in order to avoid disease, aging and death.

The story picks up at the end of the inhalation described in the story's beginning. It is likely it was a somewhat uncommon inhalation because it was into a nasal cavity closed to the pharynx due to the soft palate being up to close off the nasal cavity from the pharynx.

I propose humans mostly do not keep their soft palate up so that the only breath available to the lungs is by way of the incisive canal in the hard palate to the oral cavity and the oropharynx.

However, if a human does inhale into a nasal cavity closed to the nasopharynx by means of an elevated soft palate, then he/she has completed the first part of the first step, the inhalation step, toward optimal functioning. There will be a second part to the first step for optimal functioning, which will be an arrangement in the nasal cavity that must be maintained during exhalation if optimal functioning throughout a breath cycle is to occur. This second part of the inhalation step, as well as the entire exhalation step, are quite hard to be arranged to occur as they should for the overall body and are probably seldom accomplished.

That which is necessary to achieve optimal functioning during an entire breath cycle, which likely allows the body to require nothing more than gravitational energy for its functioning by means of its use of its mirror-imaged structures, is now - in mid-autumn, 2024, as I wend my way toward completing this 2024 version of my 2017 copyrighted book - announcing itself to my slow-grasping brain! To answer my on-going question of why it has been so hard to achieve and maintain the optimal alignment of my body, FINALLY I have realized that breath capture and retention above the hard palate by way of an elevated soft palate, which allows no breath escape into the nasopharynx, IS NOT SUFFICIENT, by itself, to provide the pathway to optimal functioning. What is required to achieve optimal functioning is that breath must be inhaled high enough into one's nasal cavity for it to play a role in its effect on the cribiform plate, which forms the roof of the nasal cavity, to give the sensation that inhaled breath has reached the brain cavity above the cribiform plate and that, before exhalation begins, the cribiform plate must be closed to the possibility of escape of any of this possible brain-cavity capture of breath except by means of whatever is taking place in the body during this brief moment to cause there to be what must surely be electromagnetic wavelengths of energy from the six (6) exit routes of the body, those being 1) the urethra, 2) the skin and armpits in particular, 3) the lactiferous ducts, i.e. nipples, 4) the anal canal, 5) the eye, 6) the vagina/penis.

The closure of the cribiform plate mentioned above is surely effected by the extreme forward and upward thrust of the crista galli which will cause the maximum straightening of the posterior longitudinal ligament with appropriate rotation of the sacrum top. (See the 2nd Part of the Epilogue as Prologue entitled "The Posterior and Anterior Longitudinal Ligaments.") A person can feel the entire floor of his/her pelvic cavity being pulled together and tightened upward, especially the entire anal canal and its handmaiden, the cerebellum. It is this that has the effect on the body's 6 exit routes, which gives the sensation of an outflow of what I have deemed to be electromagnetic energy.

That which I have described above has never seemed a likely possibility, in spite of the extraordinary sensation associated with having developed the capacity to be able to do it, until a person recognizes and accepts the possibility that the sensation could be the result of the entire concentration of the body, its 37.2 trillion cells, having become available to apply pressure to the breath in the nasal cavity, and wherever else breath is directed during optimal functioning, to cause that breath to do what is needed to create the electromagnetic wavelengths and direct them from the body.

It has required years to make the connections necessary to discover what has been written above and more years to determine at least one relatively assured way of achieving the structural

arrangements needed for optimal functioning throughout a breath cycle. That one assured way, insofar as a human is able to do it, is to inflate the space, or be sure it is already inflated, in which his/her weak link exists so that the space can apply no pressure on the weak link during inhalation or exhalation to become compressed or collapse in any way or do anything except be as fully as it ought to be as possible. There will be constant effort of this weak link to return to its weakened state.

(I have learned that I must call on the proper fixation of the relevant dermatome of the body for that day, all of which is discussed in this book, as well as assuring that the condylar process of the mandible on my dominant side is well elevated in its mandibular fossa, as I begin exhalation if I want to assure that the area of my weak link will stay expanded during exhalation.)

In considering why it is so hard to achieve the optimal functioning of which I write, I review the several connected concepts to which my years of pondering these matters have brought me. The first concept is that everything that exists is connected, entangled (the butterfly wing effect) so that everything depends on everything else. The second concept is that, if I do have only one big defect from birth by which I have always operated, and I discover that defect and a means of getting rid of it in an unusual way, not by means of the usual way of slowly moving toward death with consequent slow adjustment of everything else until I and my defect are no longer there, but by the unusual way of suddenly eliminating, even momentarily, that defect which is incorporated into the way everything works, then it has made sense to me that it would naturally be very hard to achieve a continual riddance of such a defect which has the whole connected, entangled universe insisting on its continued existence due to slowly formed structural formation.

I return now to the story I have begun in the description given of the manner of functioning of the human body referred to as optimal functioning with the given description of how this optimal functioning is to be achieved. Throughout this essay there is reference to the need for balance between the two parts of mirror-imaged structure. These references will be to that which maintains balance in the three spatial dimensions of the body, its up/down, right/left and front/back orientations. However, it became obvious that optimal functioning would require an additional balance if it were to be achieved and maintained. This would surely be balance of the body in relation to the dimension of Time. My concept came to be that balance in this regard would allow the formation of electromagnetic wavelengths of energy to flow from the body leaving the body at the end of each breath cycle in an altered state ready to achieve a next altered state according with a next outflow of electromagnetic energy. But how was this balance to the Time dimension to be achieved**;** what would be the structures involved? The structures would be the posterior and anterior longitudinal ligaments, and it would be their relationship to one another which would determine much about the functioning of a human body. Optimal functioning would require (as best as I can tell it) that both these ligaments exist in a state of constant resistance to allowing there to be any incongruence in their balanced pull, back to front and side to side, on their vertebral-structure attachment sites which would result in an unbalanced pull on the one or the other of their corresponding attachment sites which would cause uneven balance of the series of sites to one another. I refer again to the 2nd Part of the Epilogue as Prologue entitled "The Posterior and Anterior Longitudinal Ligaments."

The remainder of the story in this essay will enumerate and describe the ways in which optimal functioning is prevented from occurring, which I believe to be the general case universally.

The Second of 4 Possibilities for Bodily Functioning Describing the First Alternative to Optimal Functioning

There will be three primary situations which prevent optimal functioning by means of direct participation in the gravitational "flow" as the source of energy for the body's functioning (with the last of the three itself having 3 possibilities for occurrence). I shall discuss now the first situation which does not allow for optimal functioning even though the inhalation phase of the breath cycle has begun to set the stage for optimal functioning to occur.

Inhaled breath has gone to the nasal cavity closed to the pharynx by means of an elevated soft palate. The breath needed by the lungs (for structure formation, etc.) traverses by way of the incisive canal through the hard palate to the oral cavity and oropharynx. However, the process of inhalation has not involved a general rise in the roof of the nasal cavity such that, during exhalation, the nasal cavity is completely closed. Therefore, any breath remaining in the nasal cavity, and any other unused breath, is simply expelled by way of the nose.

Because this is not optimal functioning, which allows the body to access the gravitational "flow" to move along with it causing gravity, by way of the body's mirror-imaging, to manipulate structure for its functioning as I have proposed, then there must be an alternative to participation in the gravitational "flow" as the source of structure manipulation.

I further propose that during inhalation into a body with an elevated soft palate to close off the nasal cavity from the pharynx, breath can be directed into the relevant one (mirror-imaged), of an extensive series of Breath-Receiving Areas of the body (see Table on Page xxiv), the pressure of which in these areas, if this were optimal functioning, would respond to brain signals to manipulate relevant mirror-imaged structures, all of which have specific associations with Breath-Receiving Areas.

However, if the human could not do the hard thing during inhalation of arranging the upper nasal cavity structure (cribiform plate) in such a way as to allow a high-reaching inhalation possibly to carry breath toward or into both sides of the brain cavity as well as the nasal cavity, along with, during exhalation, elevating structure to a degree of closure against any breath escape from its capture during inhalation, as described in the previous paragraphs of this essay for optimal functioning, then there is a second situation which can occur so long as the human has continued to keep his soft palate elevated to close off the nasal cavity from the pharynx throughout the breath cycle. During exhalation, I hypothesize the body does not make body-wide use of the breath in the Breath-Receiving Areas to manipulate structure in response to brain signals for an activity to occur, maintaining that occurrence exclusively as a non-dominant-side happening which is the situation to be addressed in the next part of this essay, but, instead, for the dominant body side, activates gap-junction ion channels to provide whatever their form of messaging to manipulate dominant-side structures to mirror-image the non-dominant side, complementing the optimally-aligned non-dominant side structures (see next section) to bring about movement. (There will be comment on this process in a footnote at the end of this essay.)

The Four Dimensions and Necessity for ½ of Human to Maintain Optimal Alignment and Functioning In Order for Life to Continue

It is at this point in my story that I believe it will be useful to reference again the roles I have discerned of the four dimensions in which humans operate, the dimension of Time and of the three spatial dimensions, the up/down, right/left and front/back. I have predicted it will eventually be shown that whenever a human is actually able to be optimally aligned to engage in optimal functioning throughout a breath cycle, then that human will have accorded himself in a specific way to the action of gravity in its relation to the dimension of Time. His existence and functioning

will result in pulling-together activity, that is, contraction rather than expansion activity of the environment in which he exists. I propose that he is taking in environment to be involved in some way in creating wave-lengths of electromagnetic energy to send forth back toward its source. It would seem, then, that he would be moving the directional flow of our universe back toward its beginning rather than toward continued expansion away from beginning.

There came a time during my consideration of all these matters, based on my growing awareness of how my bodily structures were performing - recognizing that the structures on the overused dominant side of my body, when I wasn't paying attention, did not seem to mirror what those on my non-dominant side were doing - in which I came to wonder whether there could be a possibility of my non-dominant side maintaining a necessary body pattern related to optimal functioning in order for my body to go on functioning. The pattern on my non-dominant side always seemed to be the pattern of my entire body when I was engaging in what I thought to be optimal functioning whereas the structures on my dominant side sometimes seemed to be off in la-la land.

At last, after so much time observing and deciphering my bodily functioning, I could not avoid concluding the likely possibility that, in order for life to continue, one half of the body must continue to function as though it is part of an optimally functioning entity. It must utilize the 24 Breath-Receiving Areas in their proper sequence for that particular entity to bring about optimally arranged one-sided structures for any given movement with it then being necessary for the one-sided structure to be complemented on its companion side, when balance is lost to that companion side, by means of what I could only conclude was mechanical energy being provided by gap-junction ion channels or electrical energy provided through the intervention of voltage-gated ion channels or chemical energy provided through ligand-gated ion channels.

When breath is taken into a nasal cavity closed to the nasopharynx throughout a breath cycle but otherwise left open, it would seem there will be no possibility of it serving to bring about emission of electromagnetic wavelengths of energy during exhalation, both because no breath has been inhaled high enough to bracket or traverse the cribiform plate on the dominant side of the body and because there will be no resultant closure of the dominant-side cribiform plate to transform captured breath to electromagnetic energy. This breath will simply be expelled by way of the nose during exhalation as gap-junction ion channels, surely in connection with breath to relevant Breath-Receiving Areas, are instrumental in causing the manipulation of mirror-imaged structures to complement those of the necessarily optimally-aligned non-dominant side structures to provide energy for bodily functioning and as the breath that has gone to the body by way of the oropharynx (to its relevant Breath Tracks as shown in the tables of this book) provides the needed breath for maintenance of structure and systems. I hypothesize that the human in this situation, by making use of the still-existing balance in the three spatial dimensions, is simply holding steady in his place in the universe contributing to neither its contraction nor expansion.

As soon as the nasal cavity opens to the nasopharynx due to soft palate lowering, allowing breath to traverse to the lungs by way of the nasopharynx, a large change in bodily functioning occurs and a second situation arises which does not allow for optimal functioning. This is so because a lowering of the soft palate away from complete closure of the nasal cavity from the pharynx indicates that pressure has been brought to bear unevenly on some set of mirror-imaged structures so that these structures will no longer be able to serve in the balance and counterbalance necessary to provide the energy for bodily functioning. Then it becomes necessary for the body to utilize a second and a third type of ion channel system to handle the several situations which could exist as regards the traversing of the breath when the nasal cavity has opened to the pharynx.

Crossing of Brain/Body Pathways

Along with the occurrence of the nasal cavity being able to open to the pharynx by means of the existence of a soft palate which can lower to allow breath to the lungs, there exists the already mentioned 24 Breath-Receiving Areas (primarily in the head) which do not involve the need for a soft palate to open the nasal cavity to the pharynx to the lungs. These Breath-Receiving Areas will receive breath for the energy for bodily functioning during the optimal functioning which requires no breath to the lungs by way of the nasopharynx. In bodily functioning based on gravity as its source of energy for manipulating structure directly or on an alternative energy based on the proposed intercession of gap-junction ion channel impulses, because the mirror-imaged structures are remaining balanced to one another, the manipulation of these structures can cause the movements necessary for the body to function. If the mirror-imaged structures become unequal and out of balance to one another, they can no longer serve to produce bodily movement. Then the body has several ways of allowing movement for functioning to continue to occur, one of which involves the up/down dimension depicted in this book necessitating the aid of electrical energy, to be next discussed, and one of which leads to the curious situation for functioning, the Decussation of Pyramids, as referenced in the opening article of this book's Epilogue as Prologue. In this latter situation, the pathways between the brain's signaling and the body, which will receive the signals, switch sides with a crossing of the pathways at a location on the brainstem referred to as the Decussation of Pyramids. This manner of functioning, which will be the last, the 4th manner described, with opposite side signaling between brain and body, is mentioned now because it seems to underlay all other ways of functioning even though it feels like an add-on method when all else had failed.

The circumstances determining whether the optimally arranged one-sided structure will be complemented by electrically or chemically produced energy would seem to be very precisely dependent on the arrangements of the body's soft and hard palate.

The Third Possibility for Bodily Functioning Which Is the Second of the 3 Alternatives to Optimal Bodily Functioning with First Spatial-Dimensional Imbalance (as described for most of the author's life-time of bodily functioning)

The body has an upright state away from which it can sag into a more and more relaxed state. The degree to which the soft palate is lowered in a person to allow breath into the pharynx to traverse to the lungs is based on this uprightness away from sag.

I shall describe now what I believer to be happening in my body when I am functioning by means of what I believe to be our universal manner of overall non-optimal functioning in a body relatively upright away from its relaxed (sagging) self. I am left-handed. Therefore, it is the left side of my body toward which all my activity has tended to pull, and it is this dominant left side which has experienced the wrongly-manipulated handling of its structures allowing for continued functioning as my unevenly balanced mirror-imaged structures engaged in their unknowing life-long inability to work in concert without special aid. From the situation presented by my own functioning, observed over many years, I hypothesize that it is the non-dominant right side of my body, as a left-handed person, which is able to maintain its optimal alignment. Due to an extended exploration of what my body parts are doing, and where my breath is going when I am functioning with a body which is maintaining a relatively upright posture away from the relaxed posture toward which it can so easily sag, I have discovered that ½ of bodily functioning, which I hypothesize is required to be optimal functioning in order for life to continue, is carried forth completely on my non-dominant side as regards involvement of both head and body structures.

Meanwhile, what has happened on my dominant, relatively upright side is that my soft palate has lowered to allow breath to traverse by way of the dominant-side nasopharynx to the lungs. This will be in connection with the uneven balance of dominant side structure to non-dominant side structure which was instigated by the dominant side lowering of the soft palate to allow breath to exit the nasal cavity by way of the nasopharynx to the lungs.

I propose it is this arrangement of breath to the lungs which is instrumental in creating the circumstances allowing for there to be activation of voltage-gated ion channels to provide the electrical energy needed to bodily structures on the misaligned dominant side of the body to complement the optimally arranged structures on the non-dominant side to allow for bodily functioning. I further propose that this is the situation existing when there has not been a complete communication break along the dominant side thoracic spine. Also, it would seem useful to state here that my experience would indicate that the body is quick to respond to the minimum level of sag away from the referenced uprightness, which could result in a complete communication break along the spine that would call forth the need for activation of ligand-gated ion channels and chemical messaging and breath being handled differently than when there was relative uprightness, all of which matters will begin to be addressed after the following caveat regarding this third possibility for bodily functioning requiring the aid of voltage-gated ion channels.

The Third Possibility for Bodily Functioning Continued:
Up/Down Spatial-Dimensional Imbalance Requiring Aid of Voltage-Gated Ion Channels

As has happened before, I find that I am writing myself toward clarity. I have described above what I believe is happening in my body in this first step-down into functioning by means of the first disruption to balance of the body's spatial dimensional mirror-imaged structures, which surely occurs in the up/down dimensional structures and with voltage-gated ion channels being the means to provide electrical energy through the use of the electromagnetic force to allow functioning in a body with up/down structure misalignment.

In writing of what seems to be my body's own manner of dealing with the lowering of the soft palate to allow breath to traverse from the nasal cavity to the lungs by way of the nasopharynx (or from inhalation by way of the mouth to the lungs by way of the oropharynx), I have simplified the surely much more complicated situation of a soft palate which can be instrumental in allowing breath to exit the nasal cavity into the nasopharynx in a continuum of ways. To correct this simplification, I shall state that there must surely be the continuance of a line of functioning in my body that could be said to be a line of optimal functioning carried through a continuous series of ½ the mirror-imaged structures of my body to serve as a template for how there will be conducted the sources of manipulation of the misaligned ½ of mirror-imaged structures which must complement the optimally aligned ½.

When I write of voltage-gated ion channels as the means of providing needed energy to activate misaligned bodily structures, I am writing of a family of ion channels, and, within that family of voltage-gated ion channels, there are said to be related families. I would propose that the continuum of ways in which a lowering soft palate can allow breath to exit the nasal cavity to the nasopharyn to traverse to the lungs will be handled in connection with the existence of the related families of voltage-gated ion channels.

The Fourth Possibility for Bodily Functioning: the "Black Hole" Lung Lobe and the 3rd And Last Alternative to Optimal Functioning with Remaining Spatial-Dimensional Imbalance Requiring Aid of Ligand-Gated Ion Channels

In the above described situation involving a relatively upright bodily posture, the breath that goes to the lungs by way of the nasopharynx will go to the dominant-side Breath Tracts

shown in the Tables of this book's Epilogue as Prologue for the given day. However, as the body relaxes (or sags) away from uprightness, change occurs which results in how the breath is handled and this change is directly related to the way in which the body is able to make use of its lung lobes. In monitoring my body, the change of which I speak can be very noticeable and seemingly precipitous. Instead of sensation of breath going to the just mentioned Breath Tracts, there comes to be, more and more strongly noticed as relaxation or sag increases, primarily sensation of breath going to what I came to refer to as my body's very own Black Hole which, for me, was the lower left lung lobe.

When a person has arrived at levels of relaxed bodily misalignment of structures which can involve one of his/her 5 lung lobes to such an extreme extent as to become that which I came to refer to as a "Black Hole" lobe, this would indicate the curious-seeming situation has arisen as discussed in the above portion of this essay which addresses the "Crossing of Brain/Body Pathways." It is hypothesized that the non-dominant side of the body itself continues to function optimally but with the dominant-side head now organized to be its functional extension. However, on the dominant-side body, I propose that when I sense my lower left lung lobe has begun to receive breath (suggesting that its role as "Black Hole" is now activated), then I am in the midst of three (3) different possibilities for how the body will function when it has sagged into a misalignment great enough to break communication along the spinal column such that it becomes necessary for there to be activation of another type of ion channel, the ligand-gated ion channels.

Activation of this particular type of ion channel implies a great deal about what has happened in the body. I shall quote from the 3rd Part of the Epilogue as Prologue which begins this book**:** *For some time, I had noticed that when I allowed sufficient relaxation in my body, which meant sufficient sag into old body alignments, there would be a significant sensation of pressure in the area I associated with the location of the left inferior lung lobe. There was also the sensation of my lower spinal column having skewed noticeably leftward. It was not hard to strongly suspect that I was allowing my body to do what I had already hypothesized it would do given the needed circumstances. It had broken communication lines provided by the thoracic spine between the upper cervical spine and the lower lumbrical/sacral/coccygeal spine. I had further hypothesized that this was the circumstance which had required the body to develop ligand-gated ion channels which could divert communication out and around breaks in communication channels. This would all be done chemically so that I came to speak of chemical energy as being required to maintain bodily function.*

The three different possibilities for how the body will function when it has sagged into sufficient relaxation to require the aid of ligand-gated ion channels in order for functioning to continue will hinge on the manner in which breath for the misaligned dominant side is being provided. The Decussation of Pyramids, introduced above, will have taken place due to the complete break in communication along the spinal column requiring the aid of ligand-gated ion channels and chemical messaging. Since signaling between brain and body will have switched sides, breath for the dominant misaligned side will now be directed along the non-dominant side nasopharynx from the soft palate, providing the first level of breath allowed to access the lungs by way of exit from the non-dominant side soft palate with there being two more levels in connection with opening portions of the hard palate's incisive canal, the 3 situations being 1) a partially lowered soft palate on the non-dominant side of the body, 2) a somewhat more lowered soft palate on the non-dominant side of the body plus the opening of the incisive canal on the non-dominant side, and 3) the maximum lowering of the soft palate on the non-dominant body side and opening of the incisive canals on both sides.

A Summing Up Before Addressing In-Depth the Complicated Fourth Possibility for Bodily Functioning with Speculation on the Progression of Events Leading to the 4 Possibilities for Bodily Functioning

Before further addressing the three primary possibilities for how the body will use ligand-gated ion channels in this 4th category of bodily functioning which will now require the aid of chemical energy for functioning when 1) gravitational energy by itself or 2) gravitational energy with the aid of mechanical energy (gap-junction ion channels) or 3) gravitational energy with the aid of electrical (voltage-gated ion channels) energy is no longer sufficient, I shall do a bit of summing up along with mentioning new concepts needed for introducing the 3-prong situation that obtains when chemical energy becomes necessary for continued bodily functioning.

In sum, and as mentioned, there is 1) seldom called on optimal functioning by means of what I have been in the habit of referring to simply as gravitational energy utilizing the body's mirror-imaged structure and what I predict to be its connective tissue. There is 2) sometimes used balanced spatial dimensional functioning by means of what I came to refer as mechanical energy still utilizing the body's mirror-imaged structures which I propose are now activated in association with gap-junction ion channels. There is 3) the first of the two primarily called on misaligned manners of functioning by means of electrical energy through voltage-gated ion channels activating the misaligned half of mirror-imaged structure in order to complement its aligned half. Finally, there is 4) the second of the two primarily called on misaligned manners of functioning by means of chemical energy through ligand-gated ion channels activating the misaligned half of mirror-imaged structure to complement its aligned half.

It will be useful now to comment on the relation of the four manners of providing energy for bodily functioning to the body's necessity to address the requirements of the four dimensions in which it exists.

First, the body exists in Time. If it can engage in optimal functioning, then I hypothesize it exits the realm of that which allows Time to exist which is the realm of all those hindrances to gravity's free flow back to source. It would seem that it was some initial hindrance in what I conceptualize as the gravitational flow which was the source of the initial structure which created an entity that would exist in the Time of the gravitational flow but would eventually develop the ability to function in the 3 spatial dimensions of up/down, right/left and front/back. Surely, at first, this entity only possessed to and fro movement as needed to be responsive to the gravitational "flow," this being its up/down orientation, with there developing the means to reach away (right/left) from up/down and, then, move away (front/back) from up/down. The presently existing human body would seem to indicate that its beginning was associated with mirror-imaged structure which could play off itself, using gravity, to allow for necessary movement, the category of functioning I refer to as optimal functioning by gravitational energy. As suggested in this essay, to achieve and maintain optimal functioning is quite hard to do and is likely seldom done by the human organism or any other.

It seems likely that when the complexity of development became too great to allow the simple initial system to continue to easily provide capacity for movement, then aids for manipulating mirror-imaged structure developed. Now we come to the body existing in its stages of having lost the ability to flow along with the gravitational flow and needing aids to continue to exist at all in this flow stream.

As found in the human at present, the first of the aids for continued human existence I have proposed to be for a body that is able to maintain sufficient balance in its mirror-imaged structures

so that there is only needed the intervention of impulses from gap-junction ion channels to manipulate the mirror-imaged structure. I refer to this category as functioning by mechanical energy, and I speculate that the body is no longer accorded to the gravitational flow "to flow along with it" but is simply holding steady in it based on its ability to remain balanced in the 3 spatial dimensions. There would seem to be no overall functioning of the vast majority of human bodies in this category since this manner of functioning requires that the soft palate remain up to close off the nasal cavity from the pharynx so that no breath goes to the lungs by way of the nasopharynx.

Result of Our Universal Manner of Functioning Based on Our Universally-Used Debilitation-Causing Breath Destinations Correlated with the 3rd and 4th Possibilities For Bodily Functioning (always based on imbalanced mirror-imaged structures) with a Digression to Explain Basis for the Entire Book

Finally, in my summing up endeavor, we come again to the remaining two manners of functioning of the human body, based on imbalance of mirror-imaged structures, which I hypothesize are our universal manners of functioning and lead to our diseases and eventual death and which, so far, we have ever only used.

When a portion of the soft palate lowers from its role of maintaining closure of the nasal cavity so that breath exits into the nasopharynx to go to the lungs, even though it is hard to credit there being such a distinct connection, this lowering of the soft palate allows the first imbalance to the body's mirror-imaged structure responsible for maintenance of spatial dimensional balance. As said, this first imbalance in spatial dimensional structure will be to selected structures needed for functioning in the up/down dimension, and I have proposed that this particular imbalance will be mitigated by voltage-gated ion channels providing the electrical energy necessary for the electromagnetic force to allow continued functioning in the face of up/down structure imbalance.

I have made frequent reference in this essay to bodily structure for spatial dimensions. However, there is not likely to be found elsewhere, than in this book, any reference to that of which I write. This entire book is based on connections that I, the author, began making many years ago among the body's structures, connections between its bones and muscles and organs and so on and how these structures relate to the needs of the dimensions in which we function. Much of this connection-work was done purely by months and years of repetitive ferreting-out-activity by means of sensation. The result came to be my Periodic Table of Elements / Correlated Human Body Structures (Page 1 of this book) and the many tables found in this book which lay out the structures responsible for bodily movement in the 3 spatial dimensions which change daily (or 3 days by 3 days) throughout a year. Therefore, when I refer to "selected" structures responsible for functioning in the up/down dimension, as I did in the previous paragraph, I refer to structures very specific to a particular person for a particular day in his year, which can be determined from the many tables of this book. A great deal of work is likely required to still be done before there can be any general understanding and use of these tables.

To conclude this essay with a discussion of the final way, the 4th way, in which energy is provided for the body's functioning - this being the 2nd of the 2 manners involving imbalanced mirror-imaged structures which I deem to be our universal manners of functioning, first with the aid of electrical energy use and now with the aid of chemical energy use - I propose that this 4th way provides a 3-prong situation coming to exist when the body has relaxed (sagged) to the extent that ligand-gated ion channels are activated to provide chemical energy for bodily functioning. I introduce this situation with reference to the most basic reality of what is occurring in all this about which I write. To those familiar with the language of the discipline of physics, then it is reasonable to speak of all that is happening as the excitation in quantum fields and that the

particles of which we speak for forming all physical structure result from those excitations.

I digress from my story in this way in order to suggest an aspect which may bear investigation if there is validity to my story. That aspect is in the associations I have made of the 4 forces of nature - gravitational, strong, electromagnetic, weak - with the 4 manners of functioning I have described as based on the types of energy needed for that functioning - 1) optimal functioning by means of gravitational energy under the aegis of the gravitational force, 2) functioning by means of manipulation of spatially balanced mirror-imaged structure in the three spatial dimensions through impulses provided to these structures by gap-junction ion channels, with my proposal in this case that it will be the strong force, with its quark and gluon particles, which will be associated, in particular, with this second manner of functioning, 3) functioning when there is first imbalance in the structures overseeing a spatial dimension, in this case, the up/down dimension requiring aid of the electromagnetic force instigating activity of voltage-gated ion channels to organize out of balance up/down structure in order to complement still-balanced mirror-imaged structure **. . .**

It has been a long, quixotic-seeming journey in this effort I have made to try to figure out how the universe works based on my sensed-out version of how the human body works. However, to relate the four named forces of nature to trends I was finding to exist in human bodily functioning appeared to be quite reasonable, particularly as I began equating the structures for the spatial dimensions with the needs of aspects of the universe. There was gravity, purely an attractive force, so I asked myself wouldn't the formation of matter, responsive to a waxing and waning of gravity's pull, not possibly be associated with what I referred to as to and fro response to the attractive force of gravity yielding an organizational system to serve as an up/down dimension in relation to gravity's pull?

Then, becoming really fanciful in my questions to myself, I asked if there came to be resistance to that pull but still there was only reference to matter formed to be initially responsive to gravity's pull, perhaps in early days of matter formation, would it not make sense that a force which could resist early gravity's pull would need to be quite strong and strongly bind together whatever the particles of matter, thus yielding a force which would develop its own way of manipulating matter particles which weren't keeping up with gravity's pull on them, this being in the form of a system of gap-junction ion channels.

Then, faced with the beginning of spatial dimensional imbalance among the matter particles which have come to exist, would it not be the machinations of a developing electromagnetic force which would come to the aid of imbalanced mirror-imaged up/down dimensional structures when that aid was needed to allow the entity to continue to exist?

But then what happened? There had wanted to be "reach away" from the up/down dimensionally-structured entity so that structures for a right/left dimension had needed to develop correlating with those of the up/down dimension, all working together when all was in balance but with need of corollary aids when disruption to balance occurred.

My inclination at this point was to say, "chemistry to the rescue," not just now in my story, as aid to the human entity, but with chemistry having provided aid through comparable situations for my proposed six systems of universe organization, that is, universe itself, galaxy clusters, galaxies, solar systems, living organisms, something smaller.

It is hard to know how to transition now from initial development in what would eventually result in a human being to stages in that development requiring the aid of the 4th force of nature along with the gravitational, strong and electromagnetic forces playing their role, that is, the weak force. I came to realize that the transition was difficult because of the complexity

involved in a situation in which there was extension away from the line of the up/down dimension outward to right/left, with there also developing structures allowing for movement away (rather than just reach away) from the up/down dimension providing correlated structures for a front/back dimension. With these added dimensions of right/left and front/back and their structures correlating to those of the up/down dimension, there would need to be correlating ability of these additional dimensional structures to what was happening in the up/down dimension as regarded balance and imbalance.

Amazingly, it seemed that all that would be happening really was based on where the soft and hard palate allowed breath to go. If there was nothing more than a lowering of what would seem to be a half portion of the soft palate, then only structures responsible for ½ the up/down dimension would need aid of the electromagnetic force, all acting on the side of the body that was misaligning, that is, the dominant side. The trickiness begins occurring in the next stage of what I hypothesize can happen with the way in which breath is directed. Along with portions of differing size of breath that are exiting the nasal cavity by way of the nasopharynx to the lungs due to a lowering soft palate on the non-dominant body side, there can be enough relaxation in the hard palate as to allow breath to traverse a portion of the incisive canal to the oral cavity and oropharynx to the lungs. All of this comes to be the situation in connection with the rather dramatic occurrence of signaling between brain and body switching sides.

My awareness of two things provided the clue that my lower left "Black Hole" lung lobe was going to be complicated in its role in the body's functioning. The first awareness came from my reading of the manner in which the weak force plays its role by having three force particles, a neutral Z boson with no electric charge, and both a plus and a minus W boson.

My second awareness was of a sensation I could create of my left lung lobe being able to have the sensation of breath to it without it being the usual overwhelming sensation of all my breath going to it when I was in full-sag mode.

So, apparently, there were levels of bodily sag associated with levels of breath going to my lower left lung lobe (my Black Hole lobe), and these levels were associated with the degree of lowering of the soft palate now on my non-dominant side combined with the portion of opening of the incisive canal. Meanwhile, it became obvious that the switch of signaling between the brain and body resulted in the dominant side brain now connecting with the non-dominant side body, allowing ½ of my body to continue to engage in optimal functioning, which I was now more than ever convinced was essential for life to continue.

There seemed to be three primary situations of levels of bodily sag being associated with levels of breath going to my lower left lung lobe as associated with levels of lowering of my non-dominant side soft palate.

First, and speaking first of **Breath:** there will be some lowering of the non-dominant side soft palate yielding breath to counterpart-opposite relevant lung-segment Breath Tracks (as shown in my many tables for a given person of a given day with an example being that if a person's relevant three Breath Tracks for that day were Left Lung Segments 3 and 6 and Right Lung Segment 9, then, in this situation, breath would be felt to go to their counterpart-opposites, i.e. Right Lung Segments 3 and 6 and Left Lung Segment 9). In addition, there will be a small component of breath to a person's Black Hole lung lobe. Speaking next of the interesting arrangements for **Muscles:** I predict that the dominant-side up/down spatial-dimensional muscles will reverse direction of stretch. This creates the situation of the dominant-side body for the up/down dimension adding the direction of its force to that of the still optimally functioning non-dominant side through the connected change in direction of activity of the relevant portion of the

dominant-side spinal column. I have predicted that the **Weak Force Z Boson** is the energy source for activating ligand-gated ion channels to provide whatever impetus is needed to relevant mirror-imaged muscles to instigate functioning.

Secondly, speaking first of **Breath:** in this progressing situation, there will again be some level of lowering of the non-dominant side soft palate plus now an opening of the non-dominant side of the incisive canal yielding breath to relevant lung-segment Breath Tracks plus, as well, the counterparts to these Breath Tracks plus a larger component to the Black Hole lung lobe. As regards **Muscles:** I predict that in this situation the dominant-side left/right spatial-dimensional muscles will reverse direction of stretch. This creates the situation of the dominant-side body for the left/right dimension, as well as the up/down dimension, adding the direction of its force to that of the still optimally functioning non-dominant side through the connected change in direction of activity of the relevant portions of the dominant side spinal column. It is predicted that the **Weak Force W+ or W- Boson** is the energy source for activating ligand-gated ion channels to provide whatever impetus is needed to relevant mirror-imaged complementary muscles to instigate functioning.

Thirdly, speaking first of **Breath:** in this final situation, the non-dominant side soft palate will achieve its maximum lowering to add nasal cavity breath to that provided by the general opening of the incisive canal yielding sensation of most breath going to a person's Black Hole lung lobe (although there will continue to be traversal of the portion needed by Breath Tracts for body and system maintenance as well as that needed to go to the relevant dominant side Breath-Receiving Area to allow for the essential optimal functioning of the body's non-dominant side). As regards **Muscles** now**:** dominant-side back/front spatial-dimensional muscles will add their reversal of direction of stretch to that of the dominant side left/right and up/down muscles. The **Weak Force W- or W+ Boson** is the possible energy source for activating ligand-gated ion channels to provide whatever impetus is needed to relevant dominant-side mirror-imaged muscles to complement optimally aligned non-dominant side muscles to instigate functioning.

The breath that will be expelled on exhalation, in these situations in which there is lowering of the soft palate for traversal of breath from the nasal cavity to the lungs by way of the nasopharynx, will surely come from the lungs and will surely be the breath we consider to be the proper carbon-dioxide-laden exhalation. There is a likely correlation between the level of carbon-dioxide-laden exhalation and the degree to which the energy for bodily functioning depends on breath to the lungs which is not that provided by Breath Tracks.

(Footnote**:** There are 2 situations for the 2nd Possibility for Bodily Functioning with this only being possible if the soft palate is closing off the nasal cavity from the pharynx.

The first situation described here would seem to be the most likely**:** during inhalation the soft palate is easily up because the body's weak link has been restored to occupy its proper expanded space. Inhaled breath goes to the nasal cavity which is closed to the nasopharynx but open to the oral cavity and the oropharynx by way of the incisive canal, thus allowing breath to go to 6 Breath Tracks. On exhalation, the nose will be open for any breath remaining in the nasal cavity to be expelled as the breath in the 6 Breath Tracks plays its role in activating the gap-junction ion channels to manipulate structure in the body's 3 dimensions for movement to occur.

In the 2nd situation, the body's weak link has not been restored, but the soft palate has continued to close off the nasal cavity from the nasopharynx. It is noticeable that the path of the breath to the designated lung segment Breath Tracks has reversed to the counterpart opposite lung segments. In all these situations, the body continues to maintain at least ½ its optimal alignment.)

Concluding Insights to the Treatise above with Dawning Concepts for Further Exploration
September 4, 2024

It was only last week, as I near completion of this expanded, revised, partly corrected 2nd version of my 2017 copyrighted book, in which perhaps the final piece of the puzzle on which I have been working these 30 years fell into place.

I spent time with a friend on her 83rd birthday who spoke of pain in her non-dominant-side leg with a question about pain remediation advice. With so many years of silence about my work, I floundered a bit as to what to advise. Then, I thought, of course, I know how to take the pressure off the painful leg. It has to do with how we breathe, and whatever I suggest could only be a momentary stop-gap measure to see if momentary relief occurred. This would be true because our breathing is automatic, and it takes time and effort to change the way in which we do it.

I suggested to my friend that there were many places in our head into which breath goes and can be actively directed. My advice that she attempt to take a breath that would pull air into her non-dominant-side left nostril just to see if that would give a momentary relief to the pain was met with lack of desire to alter her manner of breathing for even a moment.

Later, this was food for thought for me. I realized that for these many weeks or months of attempting to refashion my years-long overused, i.e., overstretched and/or overcompressed dominant left side, all the fancy, difficult new way of breathing had remained concentrated toward my left side, that is, big breaths into my left nostril. I was, after all, trying to fix my left side.

It's all pretty confusing. In the 1st Part of this Epilogue as Prologue, I write of the Decussation of Pyramids, the place along the front of the brainstem where the brain's control of the body below switches sides so that left brain rules right body side and vice versa. Then, in the article above, my "Treatise on How the Human Body Actually Works," I write of the possibility of functioning in such a way that the left brain more properly rules the left side of the body and vice versa.

Now, suddenly, I realized that for all my years of unbalanced functioning, in which left brain ruled right body and vice versa, breath into my left nostril had been instrumental in "running" my non-dominant, balanced side due to the Decussation of Pyramids causing my left head to control my non-dominant right body side and my right head to control my dominant left body side.

Therefore, even though for some time being able to "un-decussate," allowing my left head to "run" my left body and vice versa, I had not become aware of the situation of my left head area being already well developed for receiving breath and properly using it (to properly operate my balanced, non-dominate right side) whereas my right head area had been the wrongly-arranged breath-directing head area to "run" the unbalanced dominant left body side of me.

Thus, all those big breaths into my left nostril now were "coals to Newcastle" since my left head area had been correctly doing all along what was necessary for bodily balanced functioning on my right non-dominant side. It was my presently neglected right head area - the one that had been wrongly-arranged for so long in how it directed breath, and which was having so little breath now pulled into it because of the un-Decussation of Pyramids and all those big breaths I was still pulling into my left nostril - it was this right head area that needed big breaths to let it be able to now "run" the right, still-balanced, non-dominant body side of me, which previously had been being "run" by my left head area.

Finally, through directing those big breaths (and small!) as evenly as possible through both nostrils, it began to feel as though both sides of my body were correctly balanced to each other.

One Week Later: Several days ago I came to Day 164 of my daily breath exercises (of this 360-day year under which I operate). In the Construct developed over 30 years, Day 164 would have been Day 2 of Bone Scaffold 55 (parietal/femur/L3/Mc PP3/T10/Mt PP3)**.** While doing the breath exercises, a moment came in which I felt that my entire dominant-side left eye had opened up to take in a much broader range. Going through the day afterwards, it felt as if I were now seeing out of both eyes equally (my movements through the day, as I managed to keep the new eye sensation, seeming to be as discombobulated as usual after doing breath exercises)**.**

On Page 789 in Kandel/Schwartz/Jessell's large book, Principles of Neural Science, there is a picture showing how my eyes reflect back to me from a mirror. I have speculated that I was born with a birth defect to my eyes, due to a lesion to the trochlear nerve, resulting in my left eye "being mildly elevated relative to the right" eye.

Yesterday, I could conceive of the possibility that I had brought enough change to my body with these months of breath exercises, and daily attempt to maintain the changes to my body's manner of functioning which I knew needed to occur, that, finally, I had altered enough parts of me to begin correcting what I conceived of as a probable birth defect.

There seemed to be continual affirmation of this possibility through the day and night as I realized that much of the left dominant side of my body felt as though it had an unusually pronounced upward tug on it, particularly all along my inner left leg and the inner left breastbone. These occurrences have seemed a bit strange because I have thought that it would be the muscles on my left dominant side which would need to switch their direction of pull from the predominant-seeming upward pull toward my right non-dominant side. So, it had seemed I would be having some sensation of downward pull or stretch on my altering left dominant side instead of this general sensation of upward pull.

Then, it struck me! What I was feeling was likely the adjustment in my body which allowed both sides of it to pull away from the attractive force of the earth! Hopefully, a comprehension of this concept can be attained from various parts of this book!

Baby Universe

In an article in the November, 2024 Scientific American magazine, "Cosmic Inflation," it is stated that there is a discrecrepancy in the measurement of how fast the universe is expanding as measured using the Hubble Constant compared to using the cosmic microwave background (CMB) radiation in connection with the standard model of cosmology.

One model that has been advanced providing a basis for this discrepancy proposes that "the baby universe was expanding faster than we think."

Since these are the last pages of this Epilogue as Prologue with all its curious additional material to the partly corrected, revised body of the 2017 copyrighted original book, I shall add yet another whimsical suggestion for a model to explore as to arrangements in our universe which would correspond to our baby universe expanding faster than we think.

In this book I have proposed that there is a hierarchical Russian-nesting-doll-type arrangement to the systems of our universe, there being 6 hypothesized systems which I propose to be 1) the universe itself, 2) galaxy clusters, 3) galaxies, 4) solar systems, 5) living organisms, 6) something small, possibly cells.

Extrapolating from the process followed by living organisms of beginning as small originals with a comparatively short period of significant expansion followed by the subsequent extended period of relative size stability, then I have mused as to whether our early universe could have followed a comparable path of having an early expansion period followed by its ever more "adult" self which has existed since several hundred thousand years after the Big Bang!

Preface

(to original 2017-copyrighted book which now follows in revised, partially corrected form)

This work begins in Part 1 and proceeds through Part 5 with series of tables or charts I have formed, preceded by introductory text, with the hope of laying out in organized fashion relationships of many kinds regarding living organisms and the cosmos to which 20+ years of attempting to make such relationships have brought me. Page 1 of the work should be sufficient to alert any possible reader to the presumptions to be encountered in what follows the first page.

In Part 6, I have concluded this work with a quantity of my writings of these 20 years with their many curious ideas. It behooves me to include here any theories I might hope would ever encounter eyes other than mine, for quite possibly I shall have no opportunity to try to share my work further. The knowledge now available provides a much greater likelihood of speedy confirmation of all kinds of theories, but they must be in some public arena to have chance of consideration.

I have hoped I would not be anticipated in the work I am now sharing because, if the work proves in any way valid, I have wanted it to be a statement to all that it is not required that a person be grounded in some academic discipline or be credentialed or connected in any way in order to do monumental, original, possibly beneficial work. Whether entirely valid or not, I propose I have done a monumental work and will not doubt that it can be of benefit in one way or another. Even if it does no more than cause one insightful person to look at something in a different way than before, this could make all the difference.

There have been innumerable periods scattered through these years in which I have wondered how I could ever have had the ideas I have had. I would read material I had written and sometimes hardly understand it and be amazed I had once had such insights. Over and over again I have had to be shown that despairing fallow periods would pass, and soon another day would come when, lo, a concept was there in my mind to be written down as though it had formed from the air around my head, and my head had very little to do with its formation. Therefore, I have often thought I can't take credit (or blame?) for concepts that seemed to materialize as though handed to me by my universe. In this regard I have wondered whether whatever it is that comes to us is a function of how we are aligned to the universe (by which I mean, yes, our whole big universe) and the great discoverers were simply aligned in such a way as to be able to read aspects of how our universe works whether it be Einstein seeing possible physical reality or the great religious leaders reading that reality in symbolic ways or Beethoven interpreting some particular aspect.

Finally, this would be the place for thanking those who have been of assistance in my work. However, in the few sentences allowed one in the course of normal conversation to speak of what she does, I've never been able to convey enough of the excitement inherent in pursuit (or my method of pursuit) of real understanding of why we're here and how the universe works to entice anyone to travel any distance at all along my path with me. So I thank those who were there to give me the occasional break from difficult thinking and my younger daughter and my son who at least tried to free me up a little from the usual life cares and my older daughter bringing new perspectives.

Beyond that I thank all those who wrote the books I have used to glean what I could from what might be true about how the universe works. I will list those at the end of my work.

And, I thank my genie, my muse, my whatever-it-is that was there time after time giving another thought to pull me along. I have ranted against you for the slowness and limitedness and opaqueness of what you've offered while all the time recognizing the splendid boon of always having grand thoughts to carry me through my days. Even if they prove to be totally non-valid fabrications, grand possibilities were always better than no possibilities.

Caveats, Etc. to **Preface**

(to original 2017-copyrighted book which now follows in revised, partially corrected form)

I have edited and edited and edited. Still, small errors creep in, partly due to the extensive reach of the enormously helpful "Copy and Paste." Hopefully, whatever the large errors to be found in this work, they will render the small ones hardly noticeable. When discrepancies creep in, due to revision, the Table of Part 4 is likely the most reliably revised portion of the book.

There are a few places where things need to be drawn in or a picture added, which I was not able to do for this PDF. An example would be the fish/salamander picture on Page 421.
Years ago, my hope was to have a book with all the anatomical drawings needed to show the many connections I was making. Obviously, I would need help beyond just copying in drawings to be able to have such a book, and I gave that hope over to a later date. The blank pages which sometimes occur through this (2017) PDF could possibly accommodate the majority of essential drawings.

The dates given on the 120 odd-numbered pages in the Table of Part 4 (Pages 117-356) are dates specific to me for the year 2014-5 based on my derived conception date (see Page 96). Each year since then, I have had to adjust the dates since my years are based on 360-day years (see commentary regarding this on Page 106).

I make reference to DNA-making, RNA-making and Protein-making apparatus in the Table of Part 4. This reference remains nebulous. When it occurs, the DNA-making apparatus would seem to have a special relationship to a group of structures including the cerebellum and liver, the RNA-making apparatus to a group with a gyrus and ventricle, and the Protein-making apparatus to a group with a cranial nerve and a spinal nerve. I may occasionally use "middle" when it should be "medial" and vice versa, and use "vertebra," the single form, instead of "vertebrae," the plural form, and vice versa. The word, preceded, has an extra "e" sometimes. And the earth probably had the origin suggested by the scientists instead of my extremely speculative one as found in Part 2.

2-17-2017 Today I send this work to the U. S. Copyright Office. I have debated a great deal about the extent to which I should try to disperse it thereafter. I have thought dispersal should occur on the basis that there could be something in my work informative as to the source of diseases such as cancer from which several of the people in my life suffer. However, there are many speculative ideas, particularly regarding the larger universe, for which I have not had academic grounding in the various relevant disciplines to give me depth in what is actually known to serve as basis for my ideas. The possibility of unkindly response to my endeavor is an enormous disincentive to do more than send my work to the U. S. Copyright Office. However I remind myself of an earth population largely given to "Belief" in that which can't be known. I remind myself that I am asking for no acceptance of the proposals in this work until there might be verification in the public arena of their validity. I remind myself that I have only one "Belief," of which I'm not altogether confident, which is that there is truth out there to be discovered. And I remind myself that, error-prone as my work may be, I have made as valiant an effort as I could to come closer to the truth which I believe to exist. Perhaps I have been seeking balm to assuage the disturbing nature of life, and have hoped ever greater understanding of our universe and life itself would eventually provide that balm.

The Sesamoids

BLANK PAGE
Possibly for anatomical drawings
depicting bony structures**:**
Lumbar vertebra 5 (L5),
Pisiforms of the wrists.
See Pages 71, 79, 102, 400-402
for relevance.

BLANK PAGE
Possibly for anatomical drawings
depicting bony structures**:**
Metacarpal sesamoid 2 (Mc Ss 2)
of index finger,
Incus of each ear.
See Pages 71, 79, 102, 400-402
for relevance.

BLANK PAGE
Possibly for anatomical drawings
depicting bony structures**:**
Metacarpal sesamoids 1 (Mc Ss 1)
of thumb,
Hyoid behind the chin.
See Pages 71, 79, 102, 400-402
for relevance.

BLANK PAGE
Possibly for anatomical drawings
depicting bony structures**:**
Metatarsal sesamoids 1 (Mt Ss 1)
of large toe,
Patellas (kneecaps).
See Pages 71, 79, 102, 400-402
for relevance.

PERIODIC TABLE of ELEMENTS / CORRELATED HUMAN BODY STRUCTURES as PERCEIVED and CORRELATED by EVA CARY NASON

S-orbital

1 H ethmoid bone	2 He sphenoid bone																
3 Li vomer bone	4 Be palatine bone																
11 Na inf. nas. concha	12 Mg mid. nas. concha																
19 K sup. nas. concha	20 Ca high. nas. concha	21 Sc C1 ----	22 Ti C2 ----	23 V C3 ----	24 Cr C4 ----	25 Mn S5 ----	26 Fe S4 ----	27 Co S3 ----	28 Ni C5 ----	29 Cu S2 ----	30 Zn C6 ----	31 Ga triquetrum ----	32 Ge pisiform ----	33 As hook of hamate	34 Se lunate ----	35 Br upper 2nd molar	36 Kr lower 2nd molar
37 Rb nasal bone	38 Sr frontal bone	39 Y S1 ----	40 Zr C7 ----	41 Nb Cx 1 ----	42 Mo Cx 2 ----	43 Tc Cx 3 ----	44 Ru Cx 4 ----	45 Rh L1 ----	46 Pd L2 ----	47 Ag L3 ----	48 Cd L4 ----	49 In malleus ----	50 Sn incus ----	51 Sb upper hip	52 Te pelvic hip	53 I upper 1st molar	54 Xe lower 1st molar
55 Cs parietal bone	56 Ba occipital bone	57* La Mc 5 ----	72 Hf hamate ----	73 Ta Mc 3 ----	74 W trapezium ----	75 Re Mc PP3 ----	76 Os Mc 1 ----	77 Ir Mc MP3 ----	78 Pt Mc PP1 ----	79 Au Mc DP3 ----	80 Hg Mc DP1 ----	81 Tl stapes ----	82 Pb hyoid ----	83 Bi femur ----	84 Po tibia ----	85 At upper 2nd pre-molar	86 Rn lower 2nd pre-molar
87 Fr temporal bone	88 Ra zygomatic bone	89* Ac T1 ----	104 Rf rib 8 ----	105 - T9 ----	106 - rib 9 ----	107 - T10 ----	108 - rib 10 ----	109 - T11 ----	110 - rib 11 ----	111 - T12 ----	112 - rib 12 ----	113 - fibula ----	114 - patella ----	115 - calcaneus ----	116 - talus ----	117 - upper 1st pre-molar	118 - lower 1st pre-molar
119 - lacrimal bone	120 - maxilla bone	121* - Mt 5 ----	136 - cuboid ----	137 - Mt 3 ----	138 - cuneiform medial	139 - Mt PP3 ----	140 - Mt 1 ----	141 - Mt MP3 ----	142 - Mt PP1 ----	143 - Mt DP3 ----	144** - Mt DP1 ----	163 - upper canine	164 - lower canine	165 - upper lat. incisor	166 - lower lat. incisor	167 - up. cent. incisor	168 - low. cent. incisor
169 - body of mandible	170 - ramus of mandible	171 - L5 ---	172 - Mc Ss 2 ---	173 - Mc Ss 1 ---	174 - Mt Ss 1 ---	175 - frontal sinus	176 - mastoid cells	177 - maxillary sinus	178 - tympanic cells	179 - sphenoid sinus	180 - ethmoid cells						

ABBREVIATIONS (alphabetically)

C - cervical vertebra
cent. - central
cun. - cuneiform
Cx - coccygeal vertebra
DP - distal phalanx
high. - highest
inf. - inferior
inter. - intermediate
L - lumbar vertebra
lat. - lateral
LLS - left lung segment
Mc - metacarpal
mid. - middle
MP - middle phalanx
Mt - metatarsal
nas. - nasal
PP - proximal phalanx
RLS - right lung segment
S - sacral vertebra
Ss - sesamoid
sup. - superior
T - thoracic vertebra
up.-upper, low.-lower

P-orbital

5 B xiphoid process	6 C sternum ----	7 N manubrium ----	8 O clavicle ----	9 F maxilla alveolar processes													
13 Al scapula ----	14 Si humerus ----	15 P radius ----	16 S ulna ----	17 Cl upper wisdom teeth	18 Ar lower wisdom teeth												

D-orbital

***F-orbital**

58 Ce Mc 2	59 Pr Mc PP5	60 Nd Mc PP2	61 Pm Mc MP5	62 Sm Mc MP2	63 Eu Mc DP5	64 Gd Mc DP2	65 Tb Mc 4	66 Dy scaphoid	67 Ho Mc PP4	68 Er trapezoid	69 Tm Mc MP4	70 Yb capitate	71 Lu Mc DP4				
90 Th rib 1	91 Pa T2	92 U rib 2	93 Np T3	94 Pu rib 3	95 Am T4	96 Cm rib 4	97 Bk T5	98 Cf rib 5	99 Es T6	100 Fm rib 6	101 Md T7	102 No rib 7	103 Lr T8				
122 - Mt 2	123 - Mt PP5	124 - Mt PP2	125 - Mt MP5	126 - Mt MP2	127 - Mt DP5	128 - Mt DP2	129 - Mt 4	130 - navicular	131 - Mt PP4	132 - cun. inter.	133 - Mt MP4	134 - cun. lat.	135 - Mt DP4				

****X-orbital**

145 - RLS 1	146 - LLS 1+2	147 - RLS 2	148 - LLS 3	149 - RLS 3	150 - LLS 4	151 - RLS 4	152 - LLS 5	153 - RLS 5	154 - LLS 6	155 - RLS 6	156 - RLS 7	157 - LLS 7+8	158 - RLS 8	159 - LLS 9	160 - RLS 9	161 - LLS 10	162 - RLS 10

A Correlation of the Pattern for Human Body Structures to the Fundamental Particles and Forces of the Standard Model of Physics

(See references on Pages 71, 79, 102 and Pages 400-402)

To some extent, I, the author, consider this book a work in progress. Therefore, on this first page which was left blank in the original 2017 book, possibly for pictures, I shall present the set of speculations which have most recently (January & July, 2024) dawned in my consciousness, in their first full-fledged way, upon viewing a copy of the Standard Model Flowchart as found in Sean Carroll's book, The Particle at the End of the Universe. I have long suspected the model for human functioning I was discovering would prove to be a pattern for other complex systems.

FERMIONS (TAKE UP SPACE)						BOSONS (PILE ON)
Structures of Inhalation			Structures of Exhalation			(State of "Free Range")
Human Bone	Up-type Quark	Charged Lepton	Human Bone	Down-type Quark	Neutrino	
						Graviton (no compromise)
body-frame	up	electron	head	down	electron neutrino	Gluon (1st ")&Photon
finger	charm	muon	cervical, etc.	strange	muon neutrino	Z & W+, W- (2nd & 3rd
toe	top	tau	thoracic/rib	bottom	tau neutrino	compromises)

TABLE RELATING SPATIAL DIMENSIONS TO ABOVE AND GIVING SOURCE OF BOSON ACTIVATION

Spatial Dimension	Inhalation	Exhalation	Human Body Circumstance for Boson "Activation" During Exhalation
(Graviton- all fermions with "free range" if, on exhalation, nasal cavity is completely closed, or, Higgs boson effect if nostrils open)			
up / down	body-frame	head	Gluon/Photon - fermion row compromised**:** soft palate half open, incisive canal closed
right / left	finger	cervical, etc.	Z, W+, W- - two rows compromised**:** soft palate partly open & 1/2 incisive canal open
front / back	toe	thoracic/rib	Z, W-, W+ - all fermion rows compromised**:** all soft palate and incisive canal open

Notes for greater clarification**:** fermions are the matter particles and take up space whereas bosons are the force particles and are said to "pile on." All bosons are shown as zero in empty space except for the Higgs boson. The ever-present Higgs field energy is surely required when gravitons and the gravitational field have lost energy to the Higgs field because a set, or sets, of gravity's spatial dimensional fermions have lost "free range" to be themselves and given energy to the Higgs field to be recouped by that dimension's boson**:** gluons to allow mechanical energy to carry on the functioning of a system until photons & electrical energy are needed or weak force Z,W+,W- particles for chemical energy rather than chemistry being able to simply provide building material for the system.

PART 1

The
Bone / Muscle
Table

The Bone / Muscle Table
(as Scaffolds)

INTRODUCTORY TEXT

Text for The Bone/Muscle Table (as Scaffolds)

It was quite a few years ago (pre-2000) when I began making the associations which would lead to the Bone/Muscle Table which follows. I began with associations of muscles into seeming groups of three of which there seemed to be 104 groups (312 muscles) and eventually went on to both relating each of these groups with a specific bone and concluding that the human organism, in its functioning, continually cycles through scaffolds of five non-cranial bones plus their groups of three muscles each, these scaffolds being formed from a bone from each of five classes of bones. I came to refer to the classes of bones as (1) body-frame bones, (2) non-thoracic (cervical/lumbar/sacral/coccygeal) vertebrae/sesamoid bones (sometimes calling this group cervical/etc. bones), (3) finger bones, (4) thoracic vertebrae/rib bones (or thoracic/etc. bones) and (5) toe bones.

It was easy then to construct pages of boxes into which a scaffold of five bones ran across a page with each member of the scaffold having three boxes beneath it to house its muscles. These scaffolds of bones seemed to be arranging themselves into 24 sets.

During this time I was reading books with subtitles such as "The Search for the Origin and Meaning of Life" or "How Physics' Weirdest Theory Explains Life's Biggest Mystery." I remember being first excited by reading on pages 108-9 in Paul Davies' The Fifth Miracle (with similar discussion in Johnjoe McFadden's Quantum Evolution) of the "arithmetic of information transfer." Davies writes, "The data needed to assemble proteins are stored in DNA using the four-letter alphabet A, G, C, T," (the base constituents of DNA, adenine, guanine, cytosine and thymine), but "proteins are made out of twenty different sorts of amino acids. Obviously twenty into four won't go. . ."

However, "four bases can be arranged in sixty-four different permutations of three, and twenty *will* go into sixty-four, with some room left over . . ."

"To translate from the sixty-four triplets into the twenty amino acids means assigning each triplet a corresponding amino acid. This assignment is called the genetic code."

Perhaps, then, there was something about sets of bone scaffolds and groupings of three muscles to go with each bone and, perhaps even, the configurations the muscles take, which were associated with the forming of the DNA ladder.

Looking at the pages of boxes I'd formed, I simply was not able to ignore the possibility of there being correlation between the rows of muscles forming in my table and the "sixty-four different permutations of three into which four bases can be arranged."

Some of the background of how I came to sequence the human bones as cycled through by the body in its functioning will be found in the material of Part 6, the final section of this six-part work. I determined there were 120 functionally separate non-cranial bones and 104 three-member groups of muscles (312 muscles). As it was beginning to appear that a muscle group had a specific association with only one bone, presenting a discrepancy between there possibly being 120 bones but only 104 muscle groups, I would come across items, such as one I read recently, which hinted at a solution to the discrepancy. In Allan J. Tobin and Jennie Dusheck's Asking About Life on page 130 the authors discuss how the energy of glucose by means of the process of cellular respiration reaches the high-energy bonds of the molecule the body uses in much of what it does, that is, ATP (adenosine triphosphate). They write, "Altogether, the process of cellular respiration transfers 24 electrons from glucose to oxygen. The first electron acceptor for 20 of the 24 electrons is [a molecule called] NAD+. The other four electrons of glucose are transferred to [a molecule called] FAD."

Various references implied there might be a separate reality for 20 sets of scaffold bones than perhaps for the remaining four, and it was noticed that 104 muscle groups could break down into sets of 20 groups having five members each with four groups left over.

Early on, I came upon an old book, Harold A. Harper's Review of Physiological Chemistry,

and could not escape the seeming relevance of the following excerpts (from page 25), "Living cells produce an impressive variety of macromolecules . . . constructed of distinct . . . building blocks." For the proteins of the cells, of course, the building blocks are amino acids.

"With one exception (glycine) each amino acid has at least one asymmetric carbon atom and hence is optically active" by which is meant that (from page 3) "when a beam of polarized light is passed through that which exhibits optical activity, it will be rotated to the right or left" in accordance with its construction as an optically active structure.

Harold A. Harper goes on to explain on page 4 that when equal amounts of left-handed and right-handed optically active building blocks are present, optical activity is canceled out and this will be the existing situation for synthetic compounds since "the opportunity for the formation of" left- and right-handed building blocks are identical. However, in the human organism, with the exception of glycine, all the amino acids of proteins are left-handed amino acids. Glycine is the exception because having "no asymmetric carbon atom, there can be no" left- or right-handed form.

A body of bones had been building itself for me, one that began at the xiphoid process, the small pointed bone attached at the bottom of the sternum, and then proceeded sequentially up through the sternum and manubrium and out along the clavicle to the big shoulder blade (the scapula) and down through the arm and certain wrist bones, interspersed with non-thoracic vertebrae, through the malleus and the incus of the ear along with a hip/pelvis, the many finger bones, the stapes of the ear and the hyoid of the neck along with the femur of the upper leg and tibia of the lower leg, the set of thoracic vertebrae with ribs to make a rib cage, the fibula of the lower leg and the knee, the patella, the many toe bones and, finally, the pivotal lumbar vertebra 5 with the finger and toe sesamoids.

In looking at the Genetic Code, it is seen that four of the 64 amino acids formed by arrangements of three bases (or nucleotides), that is, GGG, GGA, GGC and GGT, are all glycine. Also, there have been various proposals in the scientific literature that the base, guanine (G), was quite possibly the "first" base, suggesting to me now deep into attempting to relate various threads spinning themselves out before me, that the beginning of the formation of a genetic code would have been at the end of the code in which guanine (G) is heavily represented rather than at the end frequented by thymine (T) thus putting the four glycines at the beginning of the code.

Then, in thinking about the body of bones that had been building itself for me, I saw the initial four scaffolds of five bones each, with the first bones of these four scaffolds being the centrally placed xiphoid process, sternum, manubrium and clavicle (if perhaps this latter could be imagined as, at one time, an extension of the manubrium), as different from all the 20 succeeding sets of five scaffold bones, all five of which are always two-prong bones either on different sides of the body or having processes as extensions toward opposite sides.

It seemed reasonable to conceive of the initial four scaffolds of five bones each as without the need possessed by the subsequent 20 scaffolds for independent adjustment capacity for each of the mirror-imaged parts of themselves as handled by muscles such that one set of three muscles would serve for each of the first four scaffolds of five bones rather than each one of the five bones of the scaffold needing its own set of three muscles as would be the case for the next 20 scaffolds.

Therefore, a solution had presented itself to the discrepancy between 120 bones and only 104 muscle groups and, thus, a way for me to lay out my bone/muscle table**:** the first four scaffolds of five bones would each be served by one set of three muscles whereas the following 20 scaffolds would have a set of three muscles for each of the five bones of the scaffold. A good portion of the present work will be dedicated to relating the muscles with their bones and various other structures and indicating the significance of each bone having three muscles for adjustment.

As the months and years rolled by in the effort I had begun early in attempting to re-arrange my body parts to try to have my body function in the way that I was determining was overall balanced – largely through sensation which always needed theory as explanation – I found that whenever I relaxed, or better said, sagged, into my accustomed manner of more and more obviously

unbalanced functioning, I became aware that the primary point of pressure of my body collected itself at the second bone back from the end of my fourth toe on the dominant side of my body, that is, the metatarsal middle phalanx 4 (Mt MP4), a pressure point which I had come to sense served as the pivot point of my body.

When I realized that Mt MP4 was part of the scaffold of five bones to which the amino acid, methionine (met) would correlate if I followed a reading of the genetic code based on glycine being the first four amino acids and adenine probably being the second base to come into use after guanine, I suspected evidence of possible further validity to the correlations I was making because the protein chains formed by the amino acids are said to usually start transcribing with methionine. I was already speculating that perhaps protein chains had some intimate relationship with allowing bodies to function in unbalanced ways. Now I had to question whether there could be any possibility that most living organisms were unbalanced in ways which, when all put together, would result in a tendency for some portion of the organisms, such as perhaps animals, to place what I had come to call their default pivot at some correlation to the human Mt MP4 or thereabouts (Mt 3/Element 137?)

I had sufficient reason now to my own satisfaction for correlating the 64 rows of muscles of my Bone/Muscle Table with the 64 amino acids formed by all the arrangements four bases can take into groups of three. But what was the relationship of a given amino acid that correlated to a given muscle row and the row of bones to which the muscles related and what did the lay-out of the bones into five columns suggest about a possible relationship with the nucleotide bases? There were four of them, G, A, C, T, plus the base, uracil (U), which was RNA-related and could substitute for thymine (T), so there were actually five bases always associated with the Genetic Code.

There had been occasion some years ago for my development of correlations between the bones (and teeth and lung segments and air cell/sinuses) of the human body and elements of a 180-element periodic table. I formed these correlations into a Periodic Table of Elements/Correlated Human Structures which appears as the first page of this work and will be referred to or discussed from time to time. In my Periodic Table the human bone structures which fill Column 5 of my Bone/Muscle Table, which are the 24 toe bones, are to be found in the mid-section of the eighth row of the Periodic Table. They occupy a row whose ending, as well as beginning, is quite different from the rows of the Periodic Table containing almost all the structures found in Columns 1-4 of my Bone/Muscle Table. There will be discussion of these matters in succeeding sections of the present work.

Because of themes and theories advanced in the next section, I considered it not unreasonable to speculate that there could be correlation between the five columns of my Bone/Muscle Table and the four plus one bases of the Genetic Code yielding the following:

Column 1 Body-frame Bones	**Column 2** Non-thoracic Vertebrae/Sesamoids	**Column 3** Finger Bones	**Column 4** Thoracic Vertebrae/Ribs	**Column 5** Toe Bones
G guanine	**A** adenine	**C** cytosine	**T** thymine	**U** Uracil

From the above Table could be derived the Table which follows on the next page with the six (6) columns of the latter Table corresponding to the six (6) pages which will be required for the Bone/Muscle Table. Below, in the row labeled Bones, each box will contain five (5) bones, one bone from each of the columns above. In the Bone/Muscle Table itself each of these five (5) bones will occupy its own box across the page of five (5) columns (just as above) and underneath each of these single bone boxes will be three boxes occupied by that bone's three muscles. Confusing as it may be (certainly to this author until she understands exactly why it is true), each of the amino acids

shown in each of the six (6) boxes of a row for, say, Muscles 1 would seem to serve for all the five (5) muscles that are associated with the five (5) bones in the box above. These muscles are not individually listed since they are all served by the same amino acid. There has been no mention thus far as to my theories regarding a rationale for each of the five bones (well, almost) being associated with three different muscles, a Muscle 1 and 2 and 3, or that the three muscles will come to be associated with the role of aligning its bone through three (3) consecutive days of a 360-day year so that there is a Day 1 Muscle, a Day 2 Muscle and a Day 3 Muscle for each bone. I speculate that a portion of the rationale will prove to be based on aspects of the earth in its role as a gyroscope.

AMINO ACIDS CORRELATED to EACH GROUP of MUSCLES for a 5-BONE SCAFFOLD

	Page 1	Page 2	Page 3	Page 4	Page 5	Page 6
BONES	Xiphoid, C1, Mc 5, T1, Mt 5	Scapula, S5, Mc MP5, T3, Mt MP5	Triquetrum, S2, Mc 4, T5, Mt 4	Malleus, Cx1, Mc MP4, T7, Mt MP4	Stapes, L1, Mc 3, T9, Mt 3	Fibula, L5, Mc MP3, T11, Mt MP3
Muscles 1	111 GGG gly	121 GAG glu	211 AGG arg	241 ATG met	331 CCG pro	421 TAG Stop
Muscles 2	Same	122 GAA glu	212 AGA arg	242 ATA ile	332 CCA pro	422 TAA Stop
Muscles 3	Same	123 GAC asp	213 AGC ser	243 ATC ile	333 CCC pro	423 TAC tyr
BONES	Sternum, C2, Mc 2, Rib 1, Mt 2	Humerus, S4, Mc MP2, Rib3, Mt MP2	Pisiform, C6, Scaphoid, Rib5, Navicular	Incus, Cx 2, Capitate,Rib7, CuneiformLat.	Hyoid, L2, Trapezium,Rib 9, Cuneif.Med.	Patella, Mc Ss2, Mc PP1, Rib11, MtPP1
Muscles 1	112 GGA gly	124 GAT asp	214 AGT ser	244 ATT ile	334 CCT pro	424 TAT tyr
Muscles 2	Same	131 GCG ala	221 AAG lys	311 CGG arg	341 CTG leu	431 TCG ser
Muscles 3	Same	132 GCA ala	222 AAA lys	312 CGA arg	342 CTA leu	432 TCA ser
BONES	Manubrium, C3, Mc PP5, T2, Mt PP5	Radius, S3, Mc DP5, T4, Mt DP5	Hamate Hook, S1, Mc PP4, T6, Mt PP4	Upper Hip, Cx 3, Mc DP4, T8, Mt DP4	Femur, L3, Mc PP3, T10, Mt PP3	Calcaneus, Mc Ss1, Mc DP3, T12, Mt DP3
Muscles 1	113 GGC gly	133 GCC ala	223 AAC asn	313 CGC arg	343 CTC leu	433 TCC ser
Muscles 2	Same	134 GCT ala	224 AAT asn	314 CGT arg	344 CTT leu	434 TCT ser
Muscles 3	Same	141 GTG val	231 ACG thr	321 CAG gln	411 TGG trp	441 TTG leu
BONES	Clavicle, C4, Mc PP2, Rib 2, Mt PP2	Ulna, C5, Mc DP2 Rib4, Mt DP2	Lunate, C7, Trapezoid, Rib6, Cuneif. Interm.	Pelvic Hip, Cx 4, Hamate, Rib8, Cuboid	Tibia, L4, Mc 1, Rib 10, Mt 1	Talus, Mt Ss1, Mc DP1, Rib12, MtDP1
Muscles 1	114 GGT gly	142 GTA val	232 ACA thr	322 CAA gln	412 TGA Stop	442 TTA leu
Muscles 2	Same	143 GTC val	233 ACC thr	323 CAC his	413 TGC cys	443 TTC phe
Muscles 3	Same	144 GTT val	234 ACT thr	324 CAT his	414 TGT cys	444 TTT phe

Abbreviations for Bones : C-cervical, Mc-metacarpal, T-thoracic, Mt-metatarsal, PP-proximal phalanx, S-sacral, MP-middle phalanx, DP-distal phalanx, Cuneif.-cuneiform, Interm.-intermediate, L-lumbar, Cx-coccygeal, Lat.-lateral, Med.-medial, Ss-sesamoid

Abbreviations for Amino Acids: gly-glycine, glu-glutamic acid, asp-aspartic acid, ala-alanine, val-valine, arg-arginine, ser-serine, lys-lysine, asn-asparagine, thr-threonine, met-methionine, ile-isoleucine, gln-glutamine, his-histidine, pro-proline, leu-leucine, trp-tryptophan, cys-cytosine, tyr-tyrosine, phe-phenylalanine

It will be seen that uracil (U) does not appear in the preceding table. I theorized**:** if metatarsal (toe) bones are associated with uracil and are toward the end of my Periodic Table, then perhaps the way life developed was by way of first developing through the earlier part of the Periodic Table some aspect of something that would eventually have to do with the bases of DNA, i.e. G, A, C, T, and then RNA came to exist as the proto-toe bones developed toward the end. Subsequently, perhaps RNA became an instigating, initiating and/or assisting role in the development of DNA in connection with aspects of developing living organisms, aspects which had

already occurred in the earlier part of the Periodic Table.

To suggest a manner in which the above situation could have come about in order to provide a conclusion for this section of my work, I shall need to introduce a further bit of information, a further theory as to the relevance of that information to my work, and concepts from a portion of the text of the next section of this work.

The needed information has only very recently come to my attention but has served well in my being able to arrive at a possible route for the development of, or base structure on which to form, DNA. This information is well stated in the July 16, 2011 Science News article on page 16, "Soft Tissue May Have Been Dino's" by Rachel Ehrenberg. The article has a picture of collagen described as containing "millions of five-stranded ropes, each strand a triple helix."

The article states, "Collagen is known for its role in connective tissue such as tendons, ligaments and skin, but it's also the primary protein in bone. At large scales, collagen fibers look pretty much the same**:** a triple helix of twisted cords that are further twisted into fives and packed into larger ropes. But in any one section of the molecule, the building blocks differ. The amino acids linked to make the protein aren't the same in all parts of the fiber, and those differences dictate various interactions between the molecule and its neighborhood, says study coauthor Joseph Orgel of the Illinois Institute of Technology in Chicago."

" 'Most people regard collagen as a structural molecule, but it seems to function as an information molecule as well,' Orgel says. 'There's a whole constellation of chemical sites that tell cells how to interact with it.'"

The relevance of the information about collagen is associated with my discovery some years ago that there is almost certainly a way in which a human can arrange itself so that all it seems to need for the purpose of adjusting itself to be balanced to its rotating, revolving earth home is its connective tissue, letting its bones and muscles simply be pulled along for the ride. To function from this arrangement of itself is that which I have referred to as optimal functioning in which all stress/pressure has been removed from its bones, muscles and other parts. (There will be much reference later to my speculation that the energy for this type of functioning is purely gravitational energy and that gravitational energy appears so weak because it has stepped down into the energies of the other forces, strong, magnetic, electrical, weak)

Upon reading of the five-stranded nature of collagen with each strand a triple helix, it would have been difficult for me to not quickly infer that bones, muscles and so much more developed as bodies sagged away from their ability to arrange themselves so that all their needed adjustments to their ever changing universe could be handled by connective tissue.

This inference was particularly insistent due to concepts I will discuss in a portion of the text of the next section of this work introducing what I speculate to be a pattern for the formation of matter structure I have called my Table of the Pattern for Matter Structure Formation.

To sum up ideas from the text for this later Table relevant to the present discussion, I speak of the possibility of the formation of matter structure being the result of an inroad into an energy entity of some form of perturbing outside environment such that material structure forms to encapsulate or close off the inroad into the energy entity. There then occurs pressurization of the encapsulated space due to incoming outside environment and, then, over-pressurization until the enclosed pressurized space or chamber becomes the creator of the next inroad channel into the remaining energy entity due to its over-pressurization to the point of needing an exit route.

By this means I have perceived a way in which both the Periodic Table of Elements as well as my Periodic Table of Correlated Human Structures came, and/or come, into being which will be elucidated in the next section. The way in which this came to me involved a run-through of the Periodic Table from top to bottom back to the top and then down again. The first run-through brought forth what I refer to as masses of matter structure as represented by the rows of the Periodic Table. There begins then the differentiating of these masses of matter into the individual members

of the Table but from the end of the Table toward the beginning.

The differentiation of individual members of Row 8 yields the 24 toe bones, structures connected with the earth. The text of the next section will suggest that the just previous development of a proto-jaw provided a means of allowing for the energy pressure within the pores of the toe bones to be altered to be compensated for upward to other structures, as lesser or greater pressure, by means of the jaw shifting away from its mooring at the condylar process, which could be energy pressure recouped during something such as a period of reclining and sleep and the return of the jaw toward its proper mooring. I have visualized a single spiral RNA molecule being spun from an earth contact point which represents pressure within this earth contact point inequitably formed such that comparable points above will need a lesser or greater energy type or level for overall balance of an organism to its surroundings.

If one theorizes that masses of matter brought forth initially as rows of the Periodic Table could be layered structure to handle discreet 3-directional energy wavelengths, which will continue to be represented by 5-stranded, 3-helix-per-strand connective tissue even after bones, muscles and all else are differentiated out, then it might be speculated that, since one of the helices of the triple helix strand of one of the 5-stranded ropes of connective tissue of Row 8 of the Periodic Table alters by means of being in contact with the earth, then the other two helices for this strand will have to alter as will all of those in comparable strands above in the other Periodic Table rows as informed by the change that occurred in the third helix of the earth contact structure. Perhaps, thusly, it happens that RNA initially played its role in instigating or initiating the development of DNA in connection with the subsequent differentiating of individual members of Periodic Table rows from the previously formed masses of matter of Rows 7, 6, 5, 4, 3, 2 and 1, masses of matter which have presumably played their role in altering the pressure within differentiating toe bones due to the advent of a differentiated jawbone.

Having constructed a viable theory in my own mind as to why uracil and RNA play such a vital role in the formation of proteins prescribed by DNA but yet not need to appear in a genetic code chart showing the 64 nucleotides of three bases each into which four bases can be arranged, I now asked, how does the GAG glutamine come to be and why is there also a GAA glutamine? How are they different and what's going on here? My years of thinking about these things and about balance and gravitational force and so on led me to hypothesize that the combinations of three bases as associated with specific bones perhaps gave a truncated scaffold for the body that could allow it to continue to be functional within its circumstances if various other kinds of things would happen based on the effect of that particular scaffold being the one responsible for holding the body functional in its universe/its surrounding. (I noticed that DNA can only begin adding nucleotides to RNA primer at the third carbon [the 3' end] of the sugar of the RNA primer nucleotide and not at the fifth carbon [the 5' end]. Also, in my theories regarding the connection of the toe bones of Row 8 of my Periodic Table with RNA and uracil, there might be found the explanation for the rule that the amount of G, guanine, must always equal the amount of C, cytosine and that A, adenine, must equal T, thymine, insofar as these base combinations are possibly representative of the requisite need for balance in one dimension and then in an additional dimension for organisms functioning in a directed-toward-the-source universe with the ability to reach away and back from that direction and then move away and back from it.)

What a can of worms it appeared I could be opening! If G (guanine) could represent any one of 24 bones as well as A or C or T, each also representing any one of its own set of 24 bones, oh, the combinations! But surely there would be rules as orderly as any of the others I had come to perceive as permeating everything. Quickly, I suspected that the rules of combination would have to do with the degree of balance achieved in the three essential dimensions to be satisfied by a body if it were to be functional in its immediate environment, what I referred to in early years as a down/up dimension, a right/left one and a front/back one. However, later, in thinking about such matters as

the differences in plants and animals and the fact that the chromosomes of plants divide only toward two poles whereas those of animals toward three poles, which surely could be perceived as a statement about my long-held theory that specific sets of structures of organisms developed for the purpose of maintaining the organism in a specific dimension, I came to refer to 1) a down/up dimension as shortened from the outward-from-the-source-of-everything/back-to-the-source dimension implied by all my discoveries, 2) a reach away/back dimension (previously, the right/left) and 3) a move away/back dimension (previously, the front/back) as represented in the human body by 1) the body-frame bones (preceded by one of a subset of cranial bones, discussed later), 2) the non-thoracic vertebrae/sesamoid bones along with the finger bones and 3) the thoracic vertebrae/rib bones along with the toe bones.

Before proceeding further in the above vein, saving for later matters having to do with what I perceive to be suboptimal functioning of organisms such as what rules might obtain for truncated scaffold bone combination, I will now concentrate on concluding this section introducing my Bone/Muscle Table. At this time it could possibly be useful to interject a note (in italics) of the type I've been writing for 20 years containing the ideas of a day which give further possible insightful, even if very speculative, commentary on the mass of speculations which led to the formation of my Periodic Table of Elements/Correlated Body Structures and my Bone/Muscle Table. There will, then, be a few comments on specifics of the table followed by the Bone/Muscle Table itself.

Note of Eva Cary Nason of July 17, 2011

Today, in thinking about the limits of our universe of which we know a little, out to the super clusters of galaxies and the quasars, and then on before that, and how we might relate, it occurred to me that each element of my Periodic Table of Elements/Correlated Body Structures has a bone or tooth or lung segment or sinus/air cell set correlated to it, and this set of bones/teeth/etc. (mirror-imaged and aided by all the associated structures of other types) is all there is in the composing of a single human. In other words, the correlated body structures of a single run through the Periodic Table (mirror-imaged) are sufficient to compose a human energy system, a single entity.

Then, I thought, a given set of element-correlating structures of a potential 180-element Periodic Table, each set unique in its development, ought to be sufficient to represent a given single entity energy system from the largest to the smallest. And it occurred to me that in the beginning of what became our universe, the universe "egg" (based on the theory to which I have come that our universe is composed of nesting-doll-like layered energy systems, the systems all initiated in comparable ways) **was** *that which could become a single entity energy system enormously expanded.*

Extrapolating from the manner in which living material on Earth expands its reach, I have imagined a universe expanding in some comparable way with built-in mechanisms for condensing itself back together after great expansion but always with the possibility of occurrence of whatever the condition allowing expansion by means of continuous formation of single entity energy systems large and small.

Each of these single entity energy systems might represent what could be some partial development (manifested as element-correlating structures) toward a complete set of elements. These element-correlating structures work together, then, to bring forth materializations, all subject to deterioration and dispersal such that dispersal of an incomplete set of elements manifested as a set of element-correlating structures along with its manifestations mix and mix with deteriorated and dispersed others until all are mixed together, just as the bones of a human deteriorate and disperse until finally those bones are dust all mixed with other dust. Perhaps to return now toward a Big Crunch is a matter of putting back together the layer upon layer of sets of element-correlating structures so they will converge together to reform the "egg." And perhaps it will prove that conscious living organisms develop to help bring that about eventually.

*Also occurring to me during this time was the strong evidence my Periodic Table of Elements/Correlated Body Structures gives of its segmentation into portions handling an outward-from-the-source-of-everything/return-toward-the-source dimension (down/up), a reach-outward-and-back dimension (reach away/back), and a move-away-and-back dimension (move away/back)**.** Elements/Body Structures 171-174 showed me the rationale for their existence as located where they are in the Table and as being in the form they take. They come at the end of all the connected together bones, with s-orbital cranial bones + the p-orbital body-frame bones surely representing the down/up dimension and the d-orbital non-thoracic bones + the d-, f-orbital finger bones surely representing the reach away/back dimension and the d-, f-orbital thoracic vertebrae/rib bones + the d-, f-orbital toe bones representing the move away/back dimension.*

Then come Elements/Body Structures 171-174 which I determined some time ago to be, sequentially, lumbar vertebra 5 (L5), single-boned metacarpal sesamoid 2 (Mc Ss 2), double-boned metacarpal sesamoid 1 (Mc Ss 1) and double-boned metatarsal sesamoid 1 (Mt Ss 1).

Surely there is a beginning to the outward-from-the-source-of-everything/back (down/up) dimension as partially represented first by Elements 5-8/Body Structures xiphoid-clavicle and Elements 13-16/Body Structures scapula-ulna. Then there would be interjected the reach away/back dimension requiring a non-thoracic vertebral column along with the reach of finger bones perhaps with concomitant development of more portions of the down/up dimension (unless s- and p-orbitals all exist first before any interjected d-, f-orbitals). Further interjected would be a move away/back dimension requiring a thoracic vertebral column with ribs and toe bones capable of movement away with both the latter two dimensions centrally connecting by means of connective tissue at L5. Thereafter, all that would be needed to align the single line back to the source as represented by the down/up dimension would be connection from L5 to the strategically located single sesamoid bone on each Mc Ss 2. However, for creatures developing the ability to reach away and back, there would need to be two sesamoid bones on each Mc Ss 1, presumably one for the effect of the reach itself on the balance of the organism and the other as overall adjustment mechanism to the single line back to the source due to the effect of the reach-away-itself sesamoid.. This will likewise be the situation for the move away/back dimension so that two sesamoids will be required on each Mt Ss 1.

Comments on Specifics of the Following Bone/Muscle Table

On the following six pages is shown this author's Bone/Muscle Table showing her culmination of discoveries of relationships of bones and muscles to one another since her first realizations that there exists a very particular, specific relationship of all the bones to one another, all the muscles to one another and all the muscles to the bones, these discoveries leading to realization that there are similar specific relationships of all body parts to one another.

It will be noticed that there are 360 boxes for muscles in the six pages of this Bone/Muscle Table. Thus is managed a 360 day year of constantly changing circumstances for the human organism.

It is proposed that each scaffold of bones, as found in a given row of five bones, developed to serve (as realized thru 2018-2024) as the base supporting framework to the set of center-of-gravity structures orienting an organism to the direction of movement of its universe providing the means for the organism to appropriately alter itself day-by-day to accord with its ever-changing universe. At the appropriate time in the organism's 360 day year, each of the five bones of a scaffold will serve as the primary supporting bone for an organism's functioning through three consecutive days, utilizing its three associated muscles in sequence through the three days for adjustment of itself to support its body’s orientation to its universe. Only on the first page of the Table is it found that the

same set of three muscles (for the Day 1, Day 2 and Day 3 adjustment of a given bone) serve as the adjusting muscles for all five bones of a row's set of scaffold bones. There are presumably aspects to these particular muscles which make this possible.

The curious manner in which the sequence of bones down the five columns occurs became based on the sequence pattern that had proven viable in the column of Thoracic Vertebrae/Rib bones. In the latter column it became obvious that each thoracic vertebra had need of its rib as the next bone in its column's sequence of 24 bones to likely correspond to the sequence of 24 chromosomes. Then it became apparent that such need existed in each column, one finger or toe bone or cervical or lumbar vertebra needing to be balanced by a somewhat similarly placed bone (dimensionally speaking) on the other side, or at a removed part, of the structure of which it's a part. Thus the bone at the tip of the little finger (Mc DP5) is balanced by the one at the tip of the index finger (Mc DP2) and sacral vertebra 3 (S3) is balanced by cervical vertebra 5 (C5).

The first scaffold of bones is associated with Chromosome Y (with the subsequent descending order) due to the speculation that the muscles for these bones, that is, the three different fibers of the ciliaris (or ciliary) muscle, probably determine the manner of intake of spectral energy, which probably determines gender.

The scaffold of bones will always include an additional 1st bone, a bone of the skull. This bone is always the first bone of the scaffold because the bones of the skull always correspond to s-orbital elements. The text at the top of each page of the chart will give these additional bones of the skull and properly refer to them as the first (1st) bone of each scaffold set. Please note that the body-frame bones of the first bone-column of each page are the only ones for which there is page-by-page change of 1st bones as listed at the top of each page. The 1st bones will change several times for the second column of non-thoracic vertebrae/sesamoid bones (because these 24 bones are scattered over three Periodic Table rows) but then will remain constant for the last three columns which contain the finger, the thoracic vertebrae/rib and the toe bones. These progressions can be seen by observing the rows of the Periodic Table of Elements/Body Structures as found on Page 1 of this work.

There is a great deal of material on the six pages of the following Bone/Muscle Table, but there is much rationale for its lay-out. A few points of that rationale will be mentioned here. Each four rows of scaffold bones of a page represent two in the sequence of twelve cranial nerves. The skeletal structure of the human can be seen to develop from page to page**:** the initial frame from which the body is hung developing on Page 1 as represented by the Body-frame Bones of Column 1, i.e., the Xiphoid Process, Sternum, Manubrium and Clavicle, Page 2 representing Body-frame Bones of the arm, i.e., the Scapula, Humerus, Radius and Ulna, Page 3 the base wrist as represented by the Body-frame Bones, i.e., the Triquetrum, Pisiform, Hook of Hamate and Lunate, Page 4 maybe the hinge or pivot in the form of necessary ear structures and the hip, i.e., the Malleus, Incus, Upper Hip and Pelvic Hip, Page 5 more ear-related structures and the primary leg, i.e., the Stapes, Hyoid, Femur and Tibia and Page 6 the leg-to-foot structures, i.e., the Fibula, Patella, Calcaneus and Talus.

Also, there can quite possibly be associated with the structures of each of the six pages of the Table the development of one of the five (or six) senses of the human organism, these being Sight for Page 1, Touch for Page 2, Balance (?) for Page 3, Hearing for Page 4, Smell for Page 5 and Taste for Page 6. Each two pages of the Table would seem to result in the primary development of one of the big systems of the body, Pages 1 and 2 yielding a Circulatory System seemingly of primary association with the down/up axis of the body; Pages 3 and 4 giving a Digestive System as possibly associated primarily with the right/left axis (reach away/back dimension) and Pages 5 and 6 reflecting the developed long arm of the initial intake system of Page 1 culminating in the final refinements of an overseeing Respiratory System, the refinements including along the way Immune, Nervous and Reproductive Systems, all surely associated with the development of a front/back axis (move away/back dimension).

I have pondered whether to include in my Bone/Muscle Table a set of numbers which I, perhaps erroneously, have imagined to be of significance. I am concerned that too many items of possible information will distract from the Table's basic bone/muscle relationships and the scaffold connections among these sets of relationships. I will emphasize the bone/muscle relationships by following the Bone/Muscle Table with a table listing each non-s-orbital bone accompanied by its three muscles in the order that the bone appears in my Periodic Table of Elements/ Correlated Human Structures from Page 1.

The set of numbers I have questioned including are those numbers following my inclusion of the 3-base nucleotides and their amino acids as part of the first (labeling) column of the Table, e.g. GGG-gly-1. The numbers represent the result of multiplying the numbers for the three bases if G=1, A=2, C=3 and T=4. GGG-gly-1 would be three guanines yielding glycine as represented by 1x1x1=1 and GGA-gly-2 would be two guanines and an adenine yielding glycine as represented by 1x1x2=2. The Table begins with GGG-gly-1 and ends with TTT-phe-64.

I have chosen to include the set of numbers because this Bone/Muscle Table presently forming on the computer will become my working copy now after many years of referring to my original non-updated version. There are aspects to the set of numbers and where they fall in my Bone/Muscle Table which I wish to keep in mind as I continue to attempt to bring this work to a condition capable of being shared. Also, it is because I wish to continue pondering the possibility of alternate associations or correlations of the amino acids to the muscle rows of my Table that I have shown the correlations made earlier of which I've spoken in the text above. The 20+-year effort that has brought me this far has always been a work in progress and will surely continue to be so even after the last period of a version to be shared. For it is my enormous hope that some material found here will assist in bringing forth further fruitful ways of considering the workings of our universe for my, and all of our, further pondering.

I have wanted to understand how our universe works and why it and I exist for as long as I can remember.

The Bone / Muscle Table
(as Scaffolds)

THE BONE / MUSCLE TABLE (as SCAFFOLDS) PAGE 1 of 6

Each scaffold consists of 6 bones. The 1st scaffold bone* for each set of 5 reading across is based on which of 5 is the 3-day Bone: for xiphoid process (& manubrium), it is the Vomer; for the sternum (& clavicle), it is the Palatine; for C1 (& C3), the Superior Nasal Concha; for C2 (& C4), the Highest Nasal Concha; for Mc 5 (& Mc PP5), the Parietal; for Mc 2 (& Mc PP2), the Occipital; for T1 (& T2), the Temporal; for rib 1 (& rib 2), the Zygomatic; for Mt 5 (& Mt PP5), the Lacrimal; for Mt 2 (& Mt PP2), the Maxilla. ***1st Scaffold Bone of 6 is an s-orbital.**

Row Content below	**Body-frame Bones corresponding to p-orbital elements (with their muscles) are shown below:**	**Cervical/Lumbar/ Sacral/Coccygeal Vertebrae + Sesamoids (all d-orbitals) (& muscles) are shown below:**	**Finger Bones corresponding to d, f-orbital elements (with their muscles) are shown below:**	**Thoracic Vertebrae/Rib Bones corresponding to d, f-orbital elements (with their muscles) are shown below:**	**Toe Bones corresponding to d, f-orbital elements (with their muscles) are shown below:**
Scaffold of Bones for Chromosome Y, CN I	**XIPHOID PROCESS**	**CERVICAL VERTEBRA 1 (C1)**	**METACARPAL 5 (Mc 5)**	**THORACIC VERTEBRA 1 (T1)**	**METATARSAL 5 (Mt 5)**
The Bones' Muscles for Day 1 GGG-gly-1	ciliaris, longitudinal fibers	same	same	same	same
The Bones' Muscles for Day 2 Same	ciliaris, circular fibers	same	same	same	same
The Bones' Muscles for Day 3 Same	ciliaris, radial fibers	same	same	same	same
Scaffold of Bones for Chromosome X, CN II	**STERNUM**	**CERVICAL VERTEBRA 2 (C2)**	**METACARPAL 2 (Mc 2)**	**RIB 1**	**METATARSAL 2 (Mt 2)**
The Bones' Muscles for Day 1 GGA-gly-2	uterus/scrotum, longitudinal fibers	same	same	same	same
The Bones' Muscles for Day 2 Same	uterus/scrotum, circular fibers	same	same	same	same
The Bones' Muscles for Day 3 Same	uterus/scrotum, radial fibers	same	same	same	same
Scaffold of Bones for Chromosome 22, CN I	**MANUBRIUM**	**CERVICAL VERTEBRA 3 (C3)**	**MC PROXIMAL PHALANX 5 (Mc PP5)**	**THORACIC VERTEBRA 2 (T2)**	**MT PROXIMAL PHALANX 5 (Mt PP5)**
The Bones' Muscles for Day 1 GGC-gly-3	levator palpebrae superioris, superficial lamella	same	same	same	same
The Bones' Muscles for Day 2 Same	levator palpebrae superioris, middle lamella	same	same	same	same
The Bones' Muscles for Day 3 Same	levator palpebrae superioris, deep lamella	same	same	same	same
Scaffold of Bones for Chromosome 21, CN II	**CLAVICLE**	**CERVICAL VERTEBRA 4 (C4)**	**MC PROXIMAL PHALANX 2 (Mc PP2)**	**RIB 2**	**MT PROXIMAL PHALANX 2 (Mt PP2)**
The Bones' Muscles for Day 1 GGT-gly-4	bladder, longitudinal fibers	same	same	same	same
The Bones' Muscles for Day 2 Same	bladder, circular fibers	same	same	same	same
The Bones' Muscles for Day 3 Same	bladder, radial fibers	same	same	same	same

THE BONE / MUSCLE TABLE (as SCAFFOLDS) PAGE 2 of 6

Each scaffold consists of 6 bones. The 1st scaffold bone* for each set of 5 reading across is based on which of 5 is the 3-day Bone: for scapula (& radius), it is the Inferior Nasal Concha; for humerus (& ulna), the Middle Nasal Concha; for S5 (& S3), the Superior Nasal Concha; for S4 (& C5), the Highest Nasal Concha; for Mc MP5 (& Mc DP5), the Parietal Bone; for Mt MP2 (& McDP2), Occipital; for T3 (& T4), Temporal; for rib 3 (& rib 4), Zygomatic; for Mt MP5 (& Mt DP5), the Lacrimal; for Mt MP2 (& Mt DP2), the Maxilla Bone. ***1st of 6 Bones is an s-orbital.**

Row Content below	**Body-frame Bones corresponding to p-orbital elements (with their muscles) are shown below:**	**Cervical/Lumbar/ Sacral/Coccygeal Vertebrae + Sesamoids (all d-orbitals) (& muscles) are shown below:**	**Finger Bones corresponding to d, f-orbital elements (with their muscles) are shown below:**	**Thoracic Vertebrae/Rib Bones corresponding to d, f-orbital elements (with their muscles) are shown below:**	**Toe Bones corresponding to d, f-orbital elements (with their muscles) are shown below:**
Scaffold of Bones for Chromosome 20, CN III	**SCAPULA**	**SACRAL VERTEBRA 5 (S5)**	**METACARPAL MIDDLE PHALANX 5 (Mc MP5)**	**THORACIC VERTEBRA 3 (T3)**	**METATARSAL MIDDLE PHALANX 5 (Mt MP5)**
The Bones' Muscles for Day 1 GAG-glu-2	platysma -----	thyroepiglottic -----	deltoid, back part	rotatores brevis -----	inferior gemellus -----
The Bones' Muscles for Day 2 GAA-glu-4	hair follicle muscles -----	inferior oblique of eye	deltoid, middle part	multifidi -----	obturator externus -----
The Bones' Muscles for Day 2 GAC-asp-6	temporoparietalis -----	aryepiglottic -----	deltoid, 2nd front part	rotatores longus -----	superior gemellus -----
Scaffold of Bones for Chromosome 19, CN IV	**HUMERUS**	**SACRAL VERTEBRA 4 (S4)**	**METACARPAL MIDDLE PHALANX 2 (Mc MP2)**	**RIB 3**	**METATARSAL MIDDLE PHALANX 2 (Mt MP2)**
The Bones' Muscles for Day 1 GAT-asp-8	levator costae brevis	oblique arytenoid -----	flexor carpi radialis -----	intertransversarii, cervical anterior & posterior	(ishio) coccygeus -----
The Bones' Muscles for Day 2 GCG-ala-3	circulatory system muscles	accessory muscle bundle	palmaris longus -----	intertransversarii, thoracis & lumbar medial	obturator internus -----
The Bones' Muscles for Day 3 GCA-ala-6	levator costae longus	transverse arytenoid -----	flexor carpi ulnaris -----	intertransversarii, lumbar lateral	piriformis -----
Scaffold of Bones for Chromosome 18, CN III	**RADIUS**	**SACRAL VERTEBRA 3 (S3)**	**METACARPAL DISTAL PHALANX 5 (Mc DP5)**	**THORACIC VERTEBRA 4 (T4)**	**METATARSAL DISTAL PHALANX 5 (Mt DP5)**
The Bones' Muscles for Day 1 GCC-ala-9	heart, anterior papillary	lateral cricoarytenoid	extensor carpi radialis brevis	levator veli palatini -----	adductor minimus -----
The Bones' Muscles for Day 2 GCT-ala-12	heart, septal papillary	superior oblique of eye	brachioradialis -----	salpingopharyngeus -----	gracilis -----
The Bones' Muscles for Day 3 GTG-val-4	heart, posterior papillary	posterior cricoarytenoid	extensor carpi radialis longus	tensor veli palatini -----	adductor magnus -----
Scaffold of Bones for Chromosome 17, CN IV	**ULNA**	**CERVICAL VERTEBRA 5 (C5)**	**METACARPAL DISTAL PHALANX 2 (Mc DP2)**	**RIB 4**	**METATARSAL DISTAL PHALANX 2 (Mt DP2)**
The Bones' Muscles for Day 1 GTA-val-8	heart, anterior pectinate	vocalis -----	extensor pollicis brevis	tensor tympani -----	soleus, inner part
The Bones' Muscles for Day 2 GTC-val-12	heart, septal pectinate	oblique thyroarytenoid	extensor indicis -----	uvula -----	popliteus -----
The Bones' Muscles for Day 3 GTT-val-16	heart, posterior pectinate	thyroarytenoid -----	extensor pollicis longus	stapedius -----	soleus, outer part

THE BONE / MUSCLE TABLE (as SCAFFOLDS) PAGE 3 of 6

Each scaffold consists of 6 bones. The 1st scaffold bone* for each set of 5 reading across is based on which of 5 is the 3-day Bone: for triquetrum (& hook of hamate), as well as S2, it is the Superior Nasal Concha; then for pisiform (& lunate), as well as C6, Highest Nasal Concha; but for S1, the Nasal Bone, then C7, Frontal Bone. For Mc 4 (& Mt PP4), it is the Parietal; for scaphoid (& trapezoid), Occipital; for T5 (&T6), Temporal; for rib 5 (& rib 6), Zygomatic; for Mt 4 (& Mt PP4), Lacrimal; for navicular (& cuneiform intermediate), the Maxilla. ***1st Bone is an s-orbital.**

Row Content below	**Body-frame Bones corresponding to p-orbital elements (with their muscles) are shown below:**	**Cervical/Lumbar/ Sacral/Coccygeal Vertebrae + Sesamoids (all d-orbitals) (& muscles) are shown below:**	**Finger Bones corresponding to d, f-orbital elements (with their muscles) are shown below:**	**Thoracic Vertebrae/Rib Bones corresponding to d, f-orbital elements (with their muscles) are shown below:**	**Toe Bones corresponding to d, f-orbital elements (with their muscles) are shown below:**
Scaffold of Bones for Chromosome 16, CN V	**TRIQUETRUM**	**SACRAL VERTEBRA 2 (S2)**	**METACARPAL 4 (Mc 4)**	**THORACIC VERTEBRA 5 (T5)**	**METATARSAL 4 (Mt 4)**
The Bones' Muscles for Day 1 AGG-arg-2	esophagus, longitudinal fibers	nasalis, alar part	trapezius, frontmost part	longissimus capitis	adductor hallucis, oblique head
The Bones' Muscles for Day 2 AGA-arg-4	esophagus, circular fibers	inferior rectus of eye	pectoralis, abdominal part	spinalis capitis & cervicis	abductor hallucis -----
The Bones' Muscles for Day 3 AGC-ser-6	esophagus, muscularis mucosa	nasalis, transverse part	deltoid, frontmost part	iliocostalis thoracis & cervicis	adductor hallucis, transverse head
Scaffold of Bones for Chromosome 15, CN VI	**PISIFORM**	**CERVICAL VERTEBRA 6 (C6)**	**SCAPHOID**	**RIB 5**	**NAVICULAR**
The Bones' Muscles for Day 1 AGT-ser-8	stomach, outer longitudinal layer	orbicularis oculi, palpebral part	teres minor -----	interspinalis cervicis	abductor digiti minimi, medial
The Bones' Muscles for Day 2 AAG-lys-4	stomach, middle circular layer	depressor supercilii, -----	latissimus dorsi -----	oblique capitis inferior	opponens digiti minimi
The Bones' Muscles for Day 3 AAA-lys-8	stomach, inner oblique layer	orbicularis oculi, orbital part	teres major -----	interspinalis lumborum	abductor digiti minimi, lateral
Scaffold of Bones for Chromosome 14, CN V	**HOOK OF HAMATE**	**SACRAL VERTEBRA 1 (S1)**	**MC PROXIMAL PHALANX 4 (Mc PP4)**	**THORACIC VERTEBRA 6 (T6)**	**MT PROXIMAL PHALANX 4 (Mt PP4)**
The Bones' Muscles for Day 1 AAC-asn-12	small intestine, longitudinal fibers	orbicularis oris, superficial fibers	subscapularis -----	longissimus thoracis & cervicis	quadratus plantae, medial
The Bones' Muscles for Day 2 AAT-asn-16	small intestine, circular fibers	medial rectus of eye	supraspinatus -----	spinalis thoracis	interosseous lumbrical no. 1
The Bones' Muscles for Day 3 ACG-thr-6	small intestine, muscularis mucosa	risorius -----	infraspinatus -----	iliocostalis lumborum	quadratus plantae, lateral
Scaffold of Bones for Chromosome 13, CN VI	**LUNATE**	**CERVICAL VERTEBRA 7 (C7)**	**TRAPEZOID**	**RIB 6**	**CUNEIFORM INTERMEDIATE**
The Bones' Muscles for Day 1 ACA-thr-12	longitudinal bundle of bile duct	levator anguli oris -----	pectoralis major, clavicular part	semispinalis cervicis -----	interosseous plantar
The Bones' Muscles for Day 2 ACC-thr-18	common bile duct (choledochal) sphincter	depressor septi nasi -----	pectoralis minor -----	splenius cervicis -----	interosseous lumbrical nos. 2,3,4
The Bones' Muscles for Day 3 ACT-thr-24	hepatopancreatic ampulla sphincter	depressor anguli oris -----	pectoralis major, sternal part	semispinalis thoracis -----	interosseous dorsal

THE BONE / MUSCLE TABLE (as SCAFFOLDS) PAGE 4 of 6

Each scaffold consists of 6 bones. The 1st scaffold bone* for each set of 5 reading across is based on which of 5 is the 3-day Bone: for malleus (& upper hip), it is the Nasal Bone; then for incus (& pelvic hip), the Frontal Bone; for Cx 1 (& Cx 3), also the Nasal Bone and for Cx 2 (& Cx 4), also the Frontal; for Mc MP4 (& Mc DP4), the Parietal Bone; for capitate (& hamate), Occipital Bone; for T7 (& T8), the Temporal Bone; for rib 7 (& rib 8), the Zygomatic; for Mt MP4 (& Mt DP4), Lacrimal; for cuneiform lateral (& cuboid), Maxilla Bone. ***1st Bone is an s-orbital.**

Row Content below	**Body-frame Bones corresponding to p-orbital elements (with their muscles) are shown below:**	**Cervical/Lumbar/ Sacral/Coccygeal Bones & Sesamoids (d-orbitals) (& muscles) are shown below:**	**Finger Bones corresponding to d, f-orbital elements (with their muscles) are shown below:**	**Thoracic Vertebra/Rib Bones corresponding to d, f-orbital elements (with their muscles) are shown below:**	**Toe Bones corresponding to d, f-orbital elements (with their muscles) are shown below:**
Scaffold of Bones for Chromosome 12, CN VII	**MALLEUS**	**COCCYGEAL VERTEBRA 1 (Cx 1)**	**METACARPAL MIDDLE PHALANX 4 (Mc MP4)**	**THORACIC VERTEBRA 7 (T7)**	**METATARSAL MIDDLE PHALANX 4 (Mt MP4)**
The Bones' Muscles for Day 1 ATG-met-8	large intestine, longitudinal fibers	levator labii superi-oris alaeque nasi	trapezius, 2nd front part	longus colli, superior oblique part	extensor hallucis / digitorum brevis
The Bones' Muscles for Day 2 ATA-ile-16	large intestine, circular fibers	lateral rectus of eye	trapezius, middle part	longus colli, vertical part	extensor hallucis longus
The Bones' Muscles for Day 3 ATC-ile-24	large intestine, muscularis mucosa	mentalis -----	trapezius, back part	longus colli, inferior oblique part	extensor digitorum longus & fibularis tertius
Scaffold of Bones for Chromosome 11, CN VII	**INCUS**	**COCCYGEAL VERTEBRA 2 (Cx 2)**	**CAPITATE**	**RIB 7**	**CUNEIFORM LATERAL**
The Bones' Muscles for Day 1 ATT-ile-32	rectum, longitudinal fibers	auricularis anterior -----	rhomboid minor -----	rectus capitis anterior	gastrocnemius, medial head
The Bones' Muscles for Day 2 CGG-arg-3	rectum, circular fibers	auricularis superior -----	levator scapulae -----	oblique capitis superior	plantaris -----
The Bones' Muscles for Day 3 CGA-arg-6	rectum, muscularis mucosa	auricularis posterior -----	rhomboid major -----	rectus capitis lateralis	gastrocnemius, lateral head
Scaffold of Bones for Chromosome 10, CN VIII	**UPPER HIP**	**COCCYGEAL VERTEBRA 3 (Cx 3)**	**METACARPAL DISTAL PHALANX 4 (Mc DP4)**	**THORACIC VERTEBRA 8 (T8)**	**METATARSAL DISTAL PHALANX 4 (Mt DP4)**
The Bones' Muscles for Day 1 CGC-arg-9	conjoined longitudinal (rectum / levator ani)	levator labii superioris	triceps brachii, long head	rectus capitis posterior minor	flexor digitorum brevis
The Bones' Muscles for Day 2 CGT-arg-12	internal anal sphincter -----	superior rectus of eye	triceps brachii, medial head	longus capitis -----	flexor digiti minimi brevis
The Bones' Muscles for Day 3 CAG-gln-6	anal canal, muscularis mucosa	depressor labii inferioris	triceps brachii, lateral head	rectus capitis posterior major	flexor digitorum longus
Scaffold of Bones for Chromosome 9, CN VIII	**PELVIC HIP**	**COCCYGEAL VERTEBRA 4 (Cx 4)**	**HAMATE**	**RIB 8**	**CUBOID**
The Bones' Muscles for Day 1 CAA-gln-12	corrugator cutis ani / conjoined longitudinal	lateral pterygoid, inferior head	coracobrachialis -----	semispinalis capitis, medial	biceps femoris, short head
The Bones' Muscles for Day 2 CAC-his-18	external anal sphincter -----	medial pterygoid -----	abductor pollicis longus	splenius capitis -----	quadratus femoris -----
The Bones' Muscles for Day 3 CAT-his-24	levator ani -----	lateral pterygoid, superior head	brachialis -----	semispinalis capitis, lateral	biceps femoris, long head

Each scaffold consists of 6 bones. The 1st scaffold bone***** for each set of 5 reading across is based on which of 5 is the 3-day Bone: for stapes (& femur), it is the Parietal Bone; for hyoid (& tibia), the Occipital Bone; for L1 (& L3), the Nasal Bone; for L2 (& L4), the Frontal Bone; for Mc 3 (& Mc PP3), again the Parietal Bone; for trapezium (& Mc 1), again the Occipital Bone; for T9 (& T10), the Temporal Bone; for rib 9 (& rib 10), the Zygomatic; for Mt 3 (& Mt PP3), the Lacrimal Bone; for cuneiform medial (& Mt 1), the Maxilla Bone. ***1st of 6 Bones is an s-orbital.**

Row Content below	**Body-frame Bones corresponding to p-orbital elements (with their muscles) are shown below:**	**Cervical/Lumbar/ Sacral/Coccygeal Vertebrae + Sesamoids (all d-orbitals) (& muscles) are shown below:**	**Finger Bones corresponding to d, f-orbital elements (with their muscles) are shown below:**	**Thoracic Vertebrae/Rib Bones corresponding to d, f-orbital elements (with their muscles) are shown below:**	**Toe Bones corresponding to d, f-orbital elements (with their muscles) are shown below:**
Scaffold of Bones for Chromosome 8, CN IX	**STAPES**	**LUMBAR VERTEBRA 1 (L1)**	**METACARPAL 3 (Mc 3)**	**THORACIC VERTEBRA 9 (T9)**	**METATARSAL 3 (Mt 3)**
The Bones' Muscles for Day 1 CCG-pro-9	internal oblique abdominus & cremaster	zygomaticus minor -----	adductor pollicis, oblique head	palatopharyngeus -----	vastus medialis -----
The Bones' Muscles for Day 2 CCA-pro-18	rectus abdominus, 1st part	helicis minor -----	abductor pollicis brevis	inferior pharyngeal constrictor	vastus intermedius -----
The Bones' Muscles for Day 3 CCC-pro-27	external oblique abdominus	zygomaticus major -----	adductor pollicis, transverse head	stylopharyngeus -----	vastus lateralis -----
Scaffold of Bones for Chromosome 7, CN IX	**HYOID**	**LUMBAR VERTEBRA 2 (L2)**	**TRAPEZIUM**	**RIB 9**	**CUNEIFORM MEDIAL**
The Bones' Muscles for Day 1 CCT-pro-36	transversus thoracis	deep masseter -----	opponens pollicis -----	cricothyroid, oblique part	semitendinosus -----
The Bones' Muscles for Day 2 CTG-leu-12	rectus abdominus, 2nd part	temporalis -----	palmaris brevis -----	cricopharyngeus -----	articularis genu -----
The Bones' Muscles for Day 3 CTA-leu-24	transversus abdominus	superficial masseter -----	opponens digiti minimi	cricothyroid, straight part	semimembranosus -----
Scaffold of Bones for Chromosome 6, CN X	**FEMUR**	**LUMBAR VERTEBRA 3 (L3)**	**MC PROXIMAL PHALANX 3 (Mc PP3)**	**THORACIC VERTEBRA 10 (T10)**	**MT PROXIMAL PHALANX 3 (Mt PP3)**
The Bones' Muscles for Day 1 CTC-leu-36	serratus anterior, upper part	tragicus -----	flexor pollicis brevis	orbicularis oris, deep fibers	iliacus -----
The Bones' Muscles for Day 2 CTT-leu-48	rectus abdominus, 3rd part	helicis major -----	abductor digiti minimi	superior pharyngeal constrictor	psoas -----
The Bones' Muscles for Day 3 TGG-trp-4	serratus anterior, lower part	antitragicus -----	flexor digiti minimi brevis	buccinator -----	quadratus lumborum -----
Scaffold of Bones for Chromosome 5, CN X	**TIBIA**	**LUMBAR VERTEBRA 4 (L4)**	**METACARPAL 1 (Mc 1)**	**RIB 10**	**METATARSAL 1 (Mt 1)**
The Bones' Muscles for Day 1 TGA-stop-8	serratus posterior superior	procerus -----	interosseous palmar	digastric, anterior belly	gluteus minimus -----
The Bones' Muscles for Day 2 TGC-cys-12	rectus abdominus, 4th/5th part	occipitofrontalis (epicranius)	interosseous lumbrical	middle pharyngeal constrictor	gluteus maximus -----
The Bones' Muscles for Day 3 TGT-cys-16	serratus posterior inferior	corrugator supercilii -----	interosseous dorsal	digastric, posterior belly	gluteus medius -----

THE BONE / MUSCLE TABLE (as SCAFFOLDS) PAGE 6 of 6

Each scaffold consists of 6 bones. The 1st scaffold bone* for each set of 5 reading across is based on which of 5 is the 3-day Bone: for fibula (& calcaneus), it is the Temporal Bone; for patella (& talus), the Zygomatic Bone; for L5 (& Mc Ss 1), the Body of Mandible; for Mc Ss 2 (& Mt Ss 1), Ramus of Mandible; for Mc MP3 (& Mc DP3), the Parietal Bone; for Mc PP1 (& Mc DP1), the Occipital; for T11 (& T12), again the Temporal; for rib 11 (& rib 12), the Zygomatic; for Mt MP3 (& Mt DP3), the Lacrimal, for Mt PP1 (& Mt DP1), the Maxilla. ***1st Bone is an s-orbital.**

Row Content below	Body-frame Bones corresponding to p-orbital elements (with their muscles) are shown below:	Cervical/Lumbar/ Sacral/Coccygeal Vertebrae + Sesamoids (all d-orbitals) (& muscles) are shown below:	Finger Bones corresponding to d, f-orbital elements (with their muscles) are shown below:	Thoracic Vertebrae/Rib Bones corresponding to d, f-orbital elements (with their muscles) are shown below:	Toe Bones corresponding to d, f-orbital elements (with their muscles) are shown below:
Scaffold of Bones for Chromosome 4, CN XI	**FIBULA**	**LUMBAR VERTEBRA 5 (L5)**	**METACARPAL MIDDLE PHALANX 3 (Mc MP3)**	**THORACIC VERTEBRA 11 (T11)**	**METATARSAL MIDDLE PHALANX 3 (Mt MP3)**
The Bones' Muscles for Day 1 TAG-stop-8	sternocleidomastoid, sternal head	sternothyroid -----	biceps brachii, short head	omohyoid, superior belly	tibialis anterior -----
The Bones' Muscles for Day 2 TAA-stop-16	pyramidalis -----	sternohyoid -----	anconeus -----	subclavius -----	flexor hallucis brevis, both heads
The Bones' Muscles for Day 3 TAC-tyr-24	sternocleidomastoid, clavicular head	thyrohyoid -----	biceps brachii, long head	omohyoid, inferior belly	tibialis posterior -----
Scaffold of Bones for Chromosome 3, CN XII	**PATELLA**	**METACARPAL SESAMOID 2 (Mc Ss 2)**	**MC PROXIMAL PHALANX 1 (Mc PP1)**	**RIB 11**	**MT PROXIMAL PHALANX 1 (Mt PP1)**
The Bones' Muscles for Day 1 TAT-tyr-32	internal intercostal -----	diaphragm, anterior costal part	supinator -----	geniohyoid -----	fibularis brevis -----
The Bones' Muscles for Day 2 TCG-ser-12	innermost intercostal -----	diaphragtm, sternal part	pronator quadratus -----	mylohyoid -----	flexor hallucis longus -----
The Bones' Muscles for Day 3 TCA-ser-24	external intercostal -----	diaphragm, posterior lumbar & crus part	pronator teres -----	stylohyoid -----	fibularis longus -----
Scaffold of Bones for Chromosome 2, CN XI	**CALCANEUS**	**METACARPAL SESAMOID 1 (Mc Ss 1)**	**METACARPAL DISTAL PHALANX 3 (Mc DP3)**	**THORACIC VERTEBRA 12 (T12)**	**METATARSAL DISTAL PHALANX 3 (Mt DP3)**
The Bones' Muscles for Day 1 TCC-ser-36	bulbocavernosus -----	genioglossus, horizontal fibers	extensor digitorum -----	palatoglossus -----	tensor fasciae latae -----
The Bones' Muscles for Day 2 TCT-ser-48	superficial transverse perineal	genioglossus, oblique fibers	extensor carpi ulnaris	hyoglossus -----	sartorius -----
The Bones' Muscles for Day 3 TTG-leu-16	ischiocavernosus -----	genioglossus, vertical fibers	extensor digiti minimi	styloglossus -----	rectus femoris -----
Scaffold of Bones for Chromosome 1, CN XII	**TALUS**	**METATARSAL SESAMOID 1 (Mt Ss 1)**	**METACARPAL DISTAL PHALANX 1 (Mc DP1)**	**RIB 12**	**METATARSAL DISTAL PHALANX 1 (Mt DP1)**
The Bones' Muscles for Day 1 TTA-leu-32	urethrovaginalis/ urethrae sphincter	intrinsic tongue, superior longitudinal fibers	flexor digitorum profundus	scalene, anterior -----	adductor brevis -----
The Bones' Muscles for Day 2 TTC-phe-48	deep transverse perineal	intrinsic tongue, vertical/transverse fibers	flexor pollicis longus -----	scalene, middle -----	pectineus -----
The Bones' Muscles for Day 3 TTT-phe-64	compressor urethrae -----	intrinsic tongue, inferior longitudinal fibers	flexor digitorum superficialis	scalene, posterior -----	adductor longus -----

The Bone / Muscle Table
(non-Scaffolded)

INTRODUCTORY TEXT,
then TABLE

Text for The Bone/ Muscle Table (non-Scaffolded)

There follows now a listing of all the bones of the body, as well as of the teeth, arranged in rows, accompanied by the "muscles" directly responsible for the adjustment of the given bone or tooth. There will be three muscles or muscle-type structures for each bone or tooth because the complex mobile human organism quite likely developed as it did as the result of the need to be able to maintain balance to its ultimate source by means of the "line" my discoveries have led me to conclude must exist between it and this ultimate source (or at least to its optimum positioning in relation to this ultimate source) and which exists in response to different levels of impulse pulling the organism away from its optimum positioning, these three different levels of impulse being the out/back (or down/up) impulse, the reach-away/back (or right/left) impulse and the move-away/back (or front/back) impulse. This "line," which I propose exists between a human organism and its optimum positioning in relation to its ultimate source, I speculate gives humans their ability to function with reference to their "local" immediate environment. I further propose that the human organism has the capacity, probably not greatly used, to be a distinctly "non-local" entity, that is, to function with reference to other than its "local" immediate environment, which would be directly to its ultimate source, by means of eliminating the use of the "line." In the pages of this book, which attempt to present a year-long process for eliminating "line" use between a human organism and its ultimate source in favor of direct connection between the two, I have called the first muscle for a given bone the Day 1 muscle inasmuch as apparently the kinds of development discussed here occur in 24-hour, single-earth-rotation increments.

It would seem that during the 24-hour rotations of the next two days, it could be imagined that there are reach away/back (or right/left) impulses on Day 2 followed by move away/back (or front/back) impulses on Day 3 requiring development of a second, and then, a third muscle to handle adjustment of the given bone due to these impulses, even though elsewhere in this work I have given additional reason for Day 1, Day 2 and Day 3 muscles.

The initial two sections of the following table require some words of explanation in the context of the theories and speculations presented in this work. The two sections contain all the s-orbital bones and the teeth shown on the Periodic Table of Elements / Correlated Human Body Structures on Page 1, that is, all the structures in the first two columns and last two columns of the Periodic Table plus four others just previous to the end of Row 8.

In the first section of the following table are 24 structures whose alignment most serves to connect the human organism into that which I refer to above as the ultimate source. It will be seen that, in Rows 2-7 of the Periodic Table, they are always the last two structures of a row. Of the 24, 18 are tooth structures, each one with its hundreds of dentinal tubule spaces. The information as to a body's alignment and misalignment and ought-to-be alignment, which my theories propose is contained in those spaces, gave me strong rationale for assigning - when such assignment was needed - a tooth (or one of six s-orbital bones corresponding to Elements 1 (H), 2 (He), 119, 120, 169 and 170) to have ultimate aligning capacity for one of the sets of 24 scaffolds of bones shown in my Scaffolded Bone/Muscle Table. It became reasonable to consider that an ultimate aligning structure such as this would need to have control over the eye's admittance of spectral energy. To this end, the construction of the system of zonular fibers with their attachments to the lens and then to ciliary processes or the optic part of the retina would quite reasonably serve as adjustment "muscles" for the 24 ultimate alignment s-orbital bone/tooth structures.

There is always back and forth, that is, the existence of what has seemed to be the pure pull toward the source (of everything) as represented by an upper tooth in the upper, less mobile part of the skull - with its accompanying set of structures - but this pure pull toward the source always alternating with one of two speculated possibilities**:** either 1) the pull-toward-the-source, as

represented by the upper tooth, needing assistance in the form of the development of a lower tooth in the mobile jaw, with the jaw's possible capacity for responding to the body below, the lower tooth having its set of accompanying structures also, or 2) the pull-toward-the-source becoming overwhelmed by pressure of pull-away-from-the-source as represented perhaps by the mobile jaw with a lower tooth and its set of accompanying structures performing counter to the upper tooth until such time as pull-toward-the-source again garners strength for supremacy.

Whatever the case, I would propose that Rows 2-7 of my Periodic Table on Page 1, all of which end with two tooth structures and begin with the special set of 12 bones (6 sets of 2 s-orbital bones) in the second section of the following non-Scaffolded Bone/Muscle Table, might explain the two s-orbital bones at their beginning in the following way**:** it is quite likely that everything intervening between the beginning and end of these rows developed from the tendency of there to be impulses away and back from an organism's optimum positioning in relation to its ultimate source. As a consequence, the six 2-member sets of s-orbital bones provide assisting extension from the skull's ultimate aligning bones which correlate to hydrogen and helium, i.e. the ethmoid and sphenoid bones. The assisting extension provided by the six 2-member sets of s-orbital bones at the beginning of Rows 2-7 would be in response to the pressure of the tooth structures at the ends of their rows for the development of skull extensions of the ethmoid and sphenoid bones to assist in maintaining alignment during all the away and back impulse activity. It appears that the only muscle adjustment required for the assistance given by the six 2-member sets of s-orbital bones of Rows 2-7 is that of adjusting the lens opening by means of the dilator, sphincter and orbitalis muscles of the eye.

Abbreviations for the Following Bone / Muscle Table (non-Scaffolded)

alv. – alveolar	high. – highest	max. – maxilla	pre-m. – pre-molar
b. – bone	cisor. – incisor	Mc – metacarpal	proc. – process
C – cervical	inf. – inferior	mid. – middle	S – sacral
cen. – central	L – lumbar	MP – middle phalanx	Ss – sesamoid
con. – concha	lat. – lateral	Mt – metatarsal	sup. – superior
Cx – coccygeal	low. – lower	nas. – nasal	T – thoracic
DP – distal phalanx	man. – mandible	PP – proximal phalanx	up. – upper

THE BONE / MUSCLE TABLE (non-Scaffolded)
Including Tooth Structures and all S-orbital Bones
(Abbreviations on previous page)

THE THREE MUSCLES/MUSCLE-TYPE STRUCTURES FOR THE GIVEN BONE OR TOOTH STRUCTURE			
THE "BONE"	**Zonular Fiber or Muscle 1**	**Zonular Fiber or Muscle 2**	**Zonular Fiber or Muscle 3**
ethmoid bone	zonular fiber 1, medial-most	zonular fiber 2	zonular fiber 3
sphenoid b.	zonular fiber 4	zonular fiber 5	zonular fiber 6
max. alv. proc.	zonular fiber 7	zonular fiber 8	zonular fiber 9
man. alv. proc.	zonular fiber 10	zonular fiber 11	zonular fiber 12
upper wisdom	zonular fiber 13	zonular fiber 14	zonular fiber 15
low. wisdom	zonular fiber 16	zonular fiber 17	zonular fiber 18
up. 2nd molar	zonular fiber 19, superior-most	zonular fiber 20	zonular fiber 21
low.2nd molar	zonular fiber 22	zonular fiber 23	zonular fiber 24
up. 1st molar	zonular fiber 25	zonular fiber 26	zonular fiber 27
low. 1st molar	zonular fiber 28	zonular fiber 29	zonular fiber 30
up.2nd pre-m.	zonular fiber 31	zonular fiber 32	zonular fiber 33
low.2nd pre-m	zonular fiber 34	zonular fiber 35	zonular fiber 36
up. 1st pre-m.	zonular fiber 37, lateral-most	zonular fiber 38	zonular fiber 39
low.1st pre-m.	zonular fiber 40	zonular fiber 41	zonular fiber 42
lacrimal bone	zonular fiber 43	zonular fiber 44	zonular fiber 45
maxilla bone	zonular fiber 46	zonular fiber 47	zonular fiber 48
upper canine	zonular fiber 49	zonular fiber 50	zonular fiber 51
lower canine	zonular fiber 52	zonular fiber 53	zonular fiber 54
up. lat. cisor.	zonular fiber 55, inferior-most	zonular fiber 56	zonular fiber 57
low. lat. cisor.	zonular fiber 58	zonular fiber 59	zonular fiber 60
up. cen. cisor.	zonular fiber 61	zonular fiber 62	zonular fiber 63
low. cen. cisor.	zonular fiber 64	zonular fiber 65	zonular fiber 66
body of man.	zonular fiber 67	zonular fiber 68	zonular fiber 69
ramus of man.	zonular fiber 70	zonular fiber 71	zonular fiber 72
vomer bone	dilator muscle	sphincter muscle	orbitalis muscle
palatine bone	dilator muscle	sphincter muscle	orbitalis muscle
inf. nas. con.	dilator muscle	sphincter muscle	orbitalis muscle
mid. nas. con.	dilator muscle	sphincter muscle	orbitalis muscle
sup. nas. con.	dilator muscle	sphincter muscle	orbitalis muscle
high. nas. con.	dilator muscle	sphincter muscle	orbitalis muscle
nasal bone	dilator muscle	sphincter muscle	orbitalis muscle
frontal bone	dilator muscle	sphincter muscle	orbitalis muscle
parietal bone	dilator muscle	sphincter muscle	orbitalis muscle
occipital bone	dilator muscle	sphincter muscle	orbitalis muscle
temporal bone	dilator muscle	sphincter muscle	orbitalis muscle
zygomatic b.	dilator muscle	sphincter muscle	orbitalis muscle
xiphoid process	ciliaris, longitudinal fibers	ciliaris, circular fibers	ciliaris, radial fibers
sternum	uterus/scrotum, longitudinal fibers	uterus/scrotum, circular fibers	uterus/scrotum, radial fibers
manubrium	levator palpebrae superioris, superficial lamella	levator palpebrae superioris, middle lamella	levator palpebrae superioris, deep lamella
clavicle	bladder, longitudinal fibers	bladder, circular fibers	bladder, radial fibers
scapula	platysma	hair follicle muscles	temporoparietalis
humerus	levator costae brevis	circulatory system muscles	levator costae longus
radius	heart, anterior papillary	heart, septal papillary	heart, posterior papillary
ulna	heart, anterior pectinate	heart, septal pectinate	heart, posterior pectinate

Page 2 of 5	THE THREE MUSCLES ASSOCIATED EXCLUSIVELY WITH THE GIVEN BONE		
THE BONE	**Muscle 1**	**Muscle 2**	**Muscle 3**
C1	ciliaris, longitudinal fibers	ciliaris, circular fibers	ciliaris, radial fibers
C2	uterus/scrotum, longitudinal fibers	uterus/scrotum, circular fibers	uterus/scrotum, radial fibers
C3	levator palpebrae superioris, superficial lamella	levator palpebrae superioris, middle lamella	levator palpebrae superioris, deep lamella
C4	bladder, longitudinal fibers	bladder, circular fibers	bladder, radial fibers
S5	thyroepiglottic	inferior oblique of eye	aryepiglottic
S4	oblique arytenoid	accessory muscle bundle	transverse arytenoid
S3	lateral cricoarytenoid	superior oblique of eye	posterior cricoarytenoid
C5	vocalis	oblique thyroarytenoid	thyroarytenoid
S2	nasalis, alar part	inferior rectus of eye	nasalis, transverse part
C6	orbicularis oculi, palpebral part	depressor supercilii	orbicularis oculi, orbital part
triquetrum	esophagus, longitudinal fibers	esophagus, circular fibers	esophagus, muscularis mucosa
pisiform	stomach, outer longitudinal layer	stomach, middle circular layer	stomach, inner oblique layer
hook of hamate	small intestine, longitudinal fibers	small intestine, circular fibers	small intestine, muscularis mucosa
lunate	longitudinal bundle of bile duct	common bile duct, (choledochal) sphincter	hepatopancreatic ampulla sphincter
S1	orbicularis oris, superficial fibers	medial rectus of eye	risorius
C7	levator anguli oris	depressor septi nasi	depressor anguli oris
Cx 1	levator labii superioris alaeque nasi	lateral rectus of eye	mentalis
Cx 2	auricularis anterior	auricularis superior	auricularis posterior
Cx 3	levator labii superioris	superior rectus of eye	depressor labii inferioris
Cx 4	lateral pterygoid, inferior head	medial pterygoid	lateral pterygoid, superior head
L1	zygomaticus minor	helicis minor	zygomaticus major
L2	deep masseter	temporalis	superficial masseter
L3	tragicus	helicis major	antitragicus
L4	procerus	occipitofrontalis (epicranius)	corrugator supercilii
malleus	large intestine, longitudinal fibers	large intestine, circular fibers	large intestine, muscularis mucosa
incus	rectum, longitudinal fibers	rectum, circular fibers	rectum, muscularis mucosa
upper hip	conjoined longitudinal (rectum / levator ani)	internal anal sphincter	anal canal, muscularis mucosa
pelvic hip	corrugator cutis ani / conjoined longitudinal	external anal sphincter	levator ani

Page 3 of 5	THE THREE MUSCLES ASSOCIATED EXCLUSIVELY WITH THE GIVEN BONE		
The Bone	**Muscle 1**	**Muscle 2**	**Muscle 3**
Mc 5	ciliaris, longitudinal fibers	ciliaris, circular fibers	ciliaris, radial fibers
Mc 2	uterus/scrotum, longitudinal fibers	uterus/scrotum, circular fibers	uterus/scrotum, radial fibers
Mc PP5	levator palpebrae superioris, superficial lamella	levator palpebrae superioris, middle lamella	levator palpebrae superioris, deep lamella
Mc PP2	bladder, longitudinal fibers	bladder, circular fibers	bladder, radial fibers
Mc MP5	deltoid, back part	deltoid, middle part	deltoid, 2nd front part
Mc MP2	flexor carpi radialis	palmaris longus	flexor carpi ulnaris
Mc DP5	extensor carpi radialis brevis	brachioradialis	extensor carpi radialis longus
Mc DP2	extensor pollicis brevis	extensor indicis	extensor pollicis longus
Mc 4	trapezius, frontmost part	pectoralis, abdominal part	deltoid, frontmost part
scaphoid	teres minor	latissimus dorsi	teres major
Mc PP4	subscapularis	supraspinatus	infraspinatus
trapezoid	pectoralis major, clavicular part	pectoralis minor	pectoralis major, sternal part
Mc MP4	trapezius, 2nd front part	trapezius, middle part	trapezius, back part
capitate	rhomboid minor	levator scapulae	rhomboid major
Mc DP4	triceps brachii, long head	triceps brachii, medial head	triceps brachii, lateral head
hamate	coracobrachialis	abductor pollicis longus	brachialis
Mc 3	adductor pollicis, oblique head	abductor pollicis brevis	adductor pollicis, transverse head
trapezium	opponens pollicis	palmaris brevis	opponens digiti minimi
Mc PP3	flexor pollicis brevis	abductor digiti minimi	flexor digiti minimi brevis
Mc 1	interosseous palmar	interosseous lumbrical	interosseous dorsal
Mc MP3	biceps brachii, short head	anconeus	biceps brachii, long head
Mc PP1	supinator	pronator quadratus	pronator teres
Mc DP3	extensor digitorum	extensor carpi ulnaris	extensor digiti minimi
Mc DP1	flexor digitorum profundus	flexor pollicis longus	flexor digitorum superficialis
stapes	internal oblique abdominus & cremaster	rectus abdominus, 1st part	external oblique abdominus
hyoid	transversus thoracis	rectus abdominus, 2nd part	transversus abdominus
femur	serratus anterior, upper part	rectus abdominus, 3rd part	serratus anterior, lower part
tibia	serratus posterior superior	rectus abdominus, 4th/5th part	serratus posterior inferior

Page 4 of 5	THE THREE MUSCLES ASSOCIATED EXCLUSIVELY WITH THE GIVEN BONE		
The Bone	**Muscle 1**	**Muscle 2**	**Muscle 3**
T1	ciliaris, longitudinal fibers	ciliaris, circular fibers	ciliaris, radial fibers
rib 1	uterus/scrotum, longitudinal fibers	uterus/scrotum, circular fibers	uterus/scrotum, radial fibers
T2	levator palpebrae superioris, superficial lamella	levator palpebrae superioris, middle lamella	levator palpebrae superioris, deep lamella
rib 2	bladder, longitudinal fibers	bladder, circular fibers	bladder, radial fibers
T3	rotatores brevis	multifidi	rotatores longus
rib 3	intertransversarii, cervical posterior & anterior	intertransversarii, thoracis & lumbar medial	intertransversarii, lumbar lateral
T4	levator veli palatini	salpingopharyngeus	tensor veli palatini
rib 4	tensor tympani	uvula	stapedius
T5	longissimus capitis	spinalis capitis & cervicis	iliocostalis thoracis & cervicis
rib 5	interspinalis cervicis	oblique capitis inferior	interspinalis lumborum
T6	longissimus thoracis & cervicis	spinalis thoracis	iliocostalis lumborum
rib 6	semispinalis cervicis	splenius cervicis	semispinalis thoracis
T7	longus colli, superior oblique part	longus colli, vertical part	longus colli, inferior oblique part
rib 7	rectus capitis anterior	oblique capitis superior	rectus capitis lateralis
T8	rectus capitis posterior minor	longus capitis	rectus capitis posterior major
rib 8	semispinalis capitis, medial	splenius capitis	semispinalis capitis, lateral
T9	palatopharyngeus	inferior pharyngeal constrictor	stylopharyngeus
rib 9	cricothyroid, oblique part	cricopharyngeus	cricothyroid, straight part
T10	orbicularis oris, deep fibers	superior pharyngeal constrictor	buccinator
rib 10	digastric, anterior belly	middle pharyngeal constrictor	digastric, posterior belly
T11	omohyoid, superior belly	subclavius	omohyoid, inferior belly
rib 11	geniohyoid	mylohyoid	stylohyoid
T12	palatoglossus	hyoglossus	styloglossus
rib 12	scalene, anterior	scalene, middle	scalene, posterior
fibula	sternocleidomastoid, sternal head	pyramidalis	sternocleidomastoid, clavicular head
patella	internal intercostal	innermost intercostal	external intercostal
calcaneus	bulbocavernosus	superficial transverse perineal	ischiocavernosus
talus	urethrovaginalis/urethrae sphincter	deep transverse perineal	compressor urethrae

Page 5 of 5	THE THREE MUSCLES ASSOCIATED EXCLUSIVELY WITH THE GIVEN BONE		
The Bone	**Muscle 1**	**Muscle 2**	**Muscle 3**
Mt 5	ciliaris, longitudinal fibers	ciliaris, circular fibers	ciliaris, radial fibers
Mt 2	uterus/scrotum, longitudinal fibers	uterus/scrotum, circular fibers	uterus/scrotum, radial fibers
Mt PP5	levator palpebrae superioris, superficial lamella	levator palpebrae superioris, middle lamella	levator palpebrae superioris, deep lamella
Mt PP2	bladder, longitudinal fibers	bladder, circular fibers	bladder, radial fibers
Mt MP5	inferior gemellus	obturator externus	superior gemellus
Mt MP2	(ishio)coccygeus	obturator internus	piriformis
Mt DP5	adductor minimus	gracilis	adductor magnus
Mt DP2	soleus, inner part	popliteus	soleus, outer part
Mt 4	adductor hallucis, oblique head	abductor hallucis	adductor hallucis, transverse head
navicular	abductor digiti minimi, medial	opponens digiti minimi	abductor digiti minimi, lateral
Mt PP4	quadratus plantae, medial	interosseous lumbrical no. 1	quadratus plantae, lateral
cuneiform intermediate	interosseous plantar	interosseous lumbrical nos. 2, 3, 4	interosseous dorsal
Mt MP4	extensor hallucis / digitorum brevis	extensor hallucis longus	extensor digitorum longus & fibularis tertius
cuneiform lateral	gastrocnemius, medial head	plantaris	gastrocnemius, lateral head
Mt DP4	flexor digitorum brevis	flexor digiti minimi brevis	flexor digitorum longus
cuboid	biceps femoris, short head	quadratus femoris	biceps femoris, long head
Mt 3	vastus medialis	vastus intermedius	vastus lateralis
cuneiform medial	semitendinosus	articularis genu	semimembranosus
Mt PP3	iliacus	psoas	quadratus lumborum
Mt 1	gluteus minimus	gluteus maximus	gluteus medius
Mt MP3	tibialis anterior	flexor hallucis brevis, both heads	tibialis posterior
Mt PP1	fibularis brevis	flexor hallucis longus	fibularis longus
Mt DP3	tensor fasciae latae	sartorius	rectus femoris
Mt DP1	adductor brevis	pectineus	adductor longus
L5	sternothyroid	sternohyoid	thyrohyoid
Mc Ss 2	diaphragm, anterior costal part	diaphragm, sternal part	diaphragm, posterior lumbar & crus part
Mc Ss 1	genioglossus, horizontal fibers	genioglossus, oblique fibers	genioglossus, vertical fibers
Mt Ss 1	intrinsic tongue, superior longitudinal fibers	intrinsic tongue, vertical & transverse fibers	intrinsic tongue, inferior longitudinal fibers

PART 2

A
Pattern
for
Matter Structure
Formation

INTRODUCTORY TEXT

First Matter as Function of Enclosure of Inroad into a Concentrated Energy Entity

There are many "spaces" within a living organism, for example, the air sinuses and air cell sets, the spaces in the lungs, in the pores within bones and in the dentinal tubules of teeth.

If one considers how these "spaces" develop within the whole organism, then one might consider, first, that which is the most obvious opening into the body, and, at the same time, the most open route for intake of substance from the outside into the body, which is the nose.

Of the various passages in the nose, if the soft palate closes off the nasal cavity from the pharynx, and the body is aligned in a certain way, it becomes obvious that the primary tract into the body for outside substance is the nasolacrimal duct.

Then, the following steps might be considered: 1) our universe possibly came into existence from the expansion everywhere of an initial concentration of energy; 2) certain evidence possibly leads to the extrapolation, nesting-doll-wise, that our universe is made up of layers of expanded concentrated energy; 3) the evidence might also indicate that these layers are caused to expand by there coming to be a changed circumstance for the concentrated energy, just as, quite possibly, had happened with the initial concentration of energy; 4) then, the evidence might suggest that the result of the initial changed circumstance for a concentrated energy entity, leading to its expansion and environmental involvement, is to begin separating out matter structures within the energy entity.

Proceeding from the above steps, the process would seem to be that the separating out of the initial matter structure plays the role of closing off the end of an initial inroad channel such that the closed off portion becomes an enclosed, pressurizable chamber. Then, each pressurizable chamber becomes the creator of the next inroad channel into the remaining concentrated energy of that energy entity due to some process perhaps comparable to that involving the capacity of a chamber to become over-pressurized to the point of needing an exit route.

Thus, it would seem the human began with its ethmoid and sphenoid bone mass (corresponding to Elements 1 and 2, i.e. hydrogen and helium, Row 1 of the Periodic Table) becoming the first matter structure to separate out of a concentrated energy entity as a result of inroad into it of outside environment by way of a proto-nasolacrimal duct, and this mass is associated with the coming into existence of the enclosed, pressurizable proto-ethmoid cells "chamber." This chamber will then open itself up to play its role in causing to separate out the mass of matter structure represented by the proto-vomer and palatine bones, xiphoid process, sternum, manubrium, clavicle and the maxilla and mandible alveolar processes corresponding to Elements 3-10, Row 2 of the Periodic Table. The closing off of the inroad channel that opened up out of the ethmoid cells is thus effected by the formation of the Elements 3-10, Row 2 mass and the enclosed inroad channel associated with this mass will be the sphenoid sinus. When this sinus is pressurized to the extent of "leaking," there will form further matter mass within the remaining energy entity to close off the leakage and thus will separate out an Elements 11-18, Row 3 mass associated with the coming into existence of the tympanic cells "chamber" as the enclosed leakage and the newest enclosed inroad channel. This process will continue on through three more air "chambers" (maxillary sinus, mastoid cells and frontal sinus) yielding the first seven rows of the Periodic Table.

Sesamoid Development, and Bone Pores Coming to Serve as Inroad Enclosure

It will likely prove that the enclosed, pressurizable portions of the initial inroad channels, the first six of which are the three air cell sets interspersed with air sinuses, will play their role as part of the human organism as correlated to what would be Elements 180, 179, 178, 177, 176 and 175 of a 180-element Periodic Table. When the last of these six air "chambers," that is, the frontal sinus, has opened up its enclosed, pressurizable self to cause to separate out the matter structure mass represented by Row 7 (Elements 87-118) of the Periodic Table, then a different type of inroad

channel forms in conjunction with the separating out of this matter mass. The inroad channel formed – as seemingly enclosed within the Row 7 matter structure mass but to eventually obtain the position of Element 174 of the Periodic Table – appears possibly to be initially a single sesamoid structure but will eventually become the double sesamoid bone structure, metatarsal sesamoid 1 (Mt Ss 1). Thus begins a long process in which inroad channel walls can be bone structure themselves and the pressurizable chambers become the pores of these bones with the pore-containing bony inroad channel structure being created within the outer enclosing mass of matter from which the newly fashioned bony inroad channel structure will migrate, or be migrated from by its outer enclosing mass of matter, or so I've had to imagine the process of separation of an inroad channel structure from the enclosing structure which seemingly caused its formation within, or is associated in some way with, it. After "leakage" from inroad channel, Mt Ss 1, has had its effect in separating out Row 8 (Elements 119-168) of the Table as matter mass, bringing into existence what again would possibly be initially a single sesamoid structure to become eventually the body's other double sesamoid inroad channel, metacarpal sesamoid 1 (Mc Ss 1) (Element 173), and leakage from Mc Ss 1 has caused the remainder of Row 9 to separate out as matter mass, then a possibly very long period will ensue in which the further matter masses that are caused to form and separate out by inroad channel leakage, to enclose the leakage, with these new enclosed pressurizable, riftable chambers being set free from their enclosing separated-out matter masses to start the process over again, are individual bones brought forth from the previously differentiated matter masses. There will now be the somewhat confusing situation that the inroad channels themselves, as said, can be certain kinds of bone structure also.

The process becomes a matter of each enclosed portion of inroad channel becoming the next lowest element of that orbital section until the orbital section boundary is reached at which time there seem to be rules as to whether a boundary is to be breached or whether the continuance of the closing off of inroad channels must jump to the next lowest right-most element of the same orbital section with a rule also, apparently, that a "leaking" inroad channel element and the separated out matter mass element its leakage causes to form cannot be of the same orbital. The series of individual matter mass bones being formed and separated out by the leakage from the decreasing-number series of enclosed inroad channels seems to progress in the order of lower number to higher number until boundaries are reached such that a reversal of the order becomes necessary. Therefore, after Mt Ss 1 (Element 174) inroad channel takes out Row 8 (Elements 119-168) mass and Mc Ss 1 (Element 173) inroad channel brings forth the remainder of Row 9 (Elements 169-172) mass, then a reversal of the order of separating out of matter mass structures becomes necessary. When the inroad channel, Mc Ss 2 (Element 172), forms in conjunction with the formation of the Row 9 mass, that which its leakage would appear to cause to form and separate out is the last of the s-orbital elements across the boundary from Mc Ss 2 (Element 172), that is, a proto-mandible (Elements 169-70). At some point the mandible will function as two parts, the body of mandible (Element 169) and the ramus of mandible (Element 170). This two-part situation at whatever time it occurs, then, would seem to provide rationale for causing the structure, Mc Ss 1 (Element 173) – the inroad channel which had "leaked" to separate out Row 9 (Elements 169-172) – to become a two-part structure formed of two bones, the two sesamoids, of Mc Ss 1, the medial sesamoid seeming to be associated with the body of mandible (Element 169), with perhaps the association eventually hinging on connective tissue to give stability to the organism, while the lateral sesamoid, as it connects to subsequently brought forth ranging-away structures, will play its role in its ultimate effect on the mobile ramus of mandible by way of the medial sesamoid and the body of mandible. That is, the lateral sesamoid, no doubt in association with the mobility of the ramus of mandible, seems to have the capacity to hold together, or give slack to, the subsequently individually differentiated ranging-away bones.

When "leakage" occurs from the inroad channel structure, Mc Ss 2 (Element 172) just discussed, and this leakage has caused to form and separate out the Row 9 s-orbital structures, that is,

the proto-mandible (Elements 169-70), the inroad channel structure resulting from leakage enclosure associated with the formation of the proto-mandible will be lumbar vertebrae 5 or L5 (Element 171). When this newly formed inroad channel, L5 (Element 171), "leaks", once again it will be to the part of the undifferentiated matter mass across the boundary from the d-orbital group of structures of which L5 is a part, a reversal back to Row 8 since all of Row 9 has now seemingly formed into potentially stand-alone structures/elements. That which the leakage of L5 would appear to cause to form and separate out is the next to the last of the 2-member groups of s-orbital elements across the boundary from the d-orbital group of elements/ body structures, that is, possibly, a combined proto-lacrimal/ maxilla bone mass (Elements 119-20), which, at some point, will then become two separate bones, the lacrimal bone (Element 119) and the maxilla bone (Element 120). This two-bone situation, at whatever time it occurs, would seem to provide rationale once again, as was the case for Mc Ss 1 described above, for causing the structure, Mt Ss 1 (Element 174) – the inroad channel which had leaked to separate out Row 8 (Elements 119-168) – to become a two-part structure formed of the two sesamoid bones of Mt Ss 1, the medial sesamoid seeming to be associated with the lacrimal bone (Element 119), with perhaps the association eventually hinging on connective tissue to give stability to the organism, while the lateral sesamoid, as it connects to subsequently brought forth ranging-away structures, assuredly toe bones in this case, will play its role in its ultimate effect on the expandable maxilla bone by way of the medial sesamoid and the lacrimal bone – or alternatively stated again: while the lateral sesamoid, no doubt in association with the expandability of the maxilla bone, seems to have the capacity to hold together, or give slack to, the subsequently individually differentiated ranging-away bones.

The situation as regards the formation of the two sesamoids of Mt Ss 1 (Element 174) and Mc Ss 1 (Element 173) has been spoken of in some detail because the two structures, Mt Ss 1 and Mc Ss 1, would seem to have special characteristics and functions at the forefront of the initial necessity of developing organisms to maintain dimensional levels of symmetry within themselves until there came a time when those levels of symmetry had to give way and the double sesamoids of Mt Ss 1 and Mc Ss 1 would provide a large component of the mechanism for breaking the symmetry, of which I will speak toward the end of this text.

Differentiating of Individual Bones, Teeth, Lung Segments and Cranial Nerves

Now that all the d-orbital elements of Row 9 of the Table have been fashioned to serve as inroad channels and the remaining two elements of Row 9 have, or will, become individualized separated-out s-orbital bones (s-orbitals not seeming to serve as ordinary inroad channel structures in any case), inroad channel formation must skip back to the end of Row 8 and work its way down through Elements 168-163, these elements correlating to the dentinal tubule inroad channels of the six front teeth. From there inroad channel formation would suggest that the jumping-off location of the 18 x-orbital elements from Row 8 would be at the end of Row 8's d-orbital section (the x-orbital classification apparently giving these elements non sequitur status to the d- or f-orbital category from which they spring such that they receive immunity from the theorized rule stated in this portion of text that inroad channel elements and their separated out matter mass elements cannot be of the same orbital section), that is, the 18 x-orbital elements would have Periodic Table numbers 145-162, thus positioning them to continue downward from Element 163 as inroad channels, these 18 x-orbital elements correlating to the 18 lung segments. In this way, there comes to be a 24-series set of inroad channel elements which will serve as the progression of forming/ separating out instigators of the 24 d- and f-orbital Elements 121-144 which correlate to the 24 toe bones of the human organism (these including the 19 phalanges plus the navicular, the cuneiform intermediate and lateral, the cuboid and the cuneiform medial bones).

All the elements of Row 9 and Row 8 of the Periodic Table are now accounted for as either pressurizable/ riftable/ leakable inroad channel elements (p-, x- and some d-orbital structures) or the matter mass elements (f-, s- and other d-orbital bones) which the inroad channel leakage causes to form, and thus the inroad channel function skips back again to the next lowest right-most element, which will be to the end of Row 7, and works its way down through Elements 118-113. At this point, the series of 18 x-orbital lung segments corresponding to elements seemingly numbered 145-162 are cycled through again as inroad channel elements with a rationale for the partitioning of the lung segments very likely to be found in this process of cycling through them in this way a second (and subsequently) a third time. The 24-series set of inroad channel elements thus formed by Elements 118-113 and the re-use of Elements 162-145 serve then as the progression of pressurizable/ riftable/ leakable inroad channels which cause to form and separate out the 24 d- and f-orbital Elements 89-112 which correlate to the 12 thoracic vertebrae interspersed with the 12 corresponding ribs. Elements 87 and 88, which begin Row 7, are not first separated out before Elements 89-112 because the forming/ separating out of elements would appear to have to be done from orbital sections adjacent to the orbital sections of the inroad channel elements which are causing them to form/ separate out (in addition to it appearing, as mentioned above, that s-orbitals do not serve as "ordinary" inroad channel agents in any case).

Since Elements 87 and 88 remain in Row 7 as neither riftable/ leakable inroad channel elements nor leakage-enclosing elements, the next candidates for serving the inroad channel function are again the next lowest right-most Elements 86-81 in conjunction with the re-use of Elements 162-145 which cause to form and separate out again a 24-series set of leakage-enclosing masses which become the 24 d- and f-orbital Elements 57-80 correlating to the 24 finger bones (including the 19 phalanges plus the scaphoid, trapezoid, capitate, hamate and trapezium bones).

Once again, s-orbital Elements 55 and 56 at the beginning of Row 6 remain individually undifferentiated but will not serve as inroad channel elements. Therefore, the inroad channel function begins again at the end of Row 5 with p-orbital Elements 54-49 and they will form/ separate out elements from the beginning of the adjacent d-orbital section, that is, Elements 39-44.

Now the situation would seem to alter significantly from that which has gone before, possibly because earth conditions at the time at which the process of which I am writing was developing did not lend itself to the development, or further development, of proto-lung segments as inroad channels. Therefore, there are no longer x-orbital lung segment elements through which to cycle and the inroad channel function moves across the orbital boundary to take its channel elements from the remaining undifferentiated portion of the d-orbital section of Row 5 which will become inroad channel Elements 48-45. It appears that "leakage" from these inroad channel elements will return to the s-orbital portion of the Table to continue, in reverse order still, the forming/ separating out of individualized masses as enclosers of the inroad channel leakage to fashion, as occurred with the possibility of there being Element 169-70 and Element 119-20 s-orbital masses described above, what perhaps continue to be some form of s-orbital masses beginning Rows 7, 6, 5, and 4, or, alternatively, to form the structures/ elements of the second column of the Periodic Table, that is, Elements 88, 56, 38 and 20, leaving their companion first column elements, that is, Elements 87, 55, 37 and 19, as stand-alone elements.

Throughout the long period of forming the correlations made in this work between the elements of the Periodic Table and human body structures, I have had various indications that the twelve s-orbital elements/ structures of Rows 2-7 are different than the other six of Rows 1, 8 and 9. In my correlations it has appeared that only Rows 2-7 each have a set of four bones as p-orbitals followed by two tooth structures to finish out the row. I have speculated that the source of this difference is in the expansion of the portions of the overall energy entity/ organism represented by each of these rows into more elaborate or extended structure in order to maintain the balance and integrity of the entity/ organism. Just as Mt Ss 1 and Mc Ss 1 above will each be, or become, two

sesamoid bones – one, the medial, seemingly associated with head structures probably both to give ranging ability to the other sesamoid while providing stability as the other ranges, and the other sesamoid, the lateral, to serve in a holding-together or giving-slack-to more locally connected structures with these sesamoids being able to directly provide stability and range due to their direct connections to the rest of the organism – eventually as regards Rows 2-7, a more complex manner of providing stability and range would seem to become necessary. Even though now, initially, during this second time through the Periodic Table, as Elements 88, 56, 38 and 20 (zygomatic bone, occipital bone, frontal bone and highest nasal concha), all to be second column s-orbitals either now or later, are perhaps now re-fashioned as combined masses with their preceding 1st column Elements 87, 55, 37 and 19 (temporal bone, parietal bone, nasal bone and superior nasal concha), this re-fashioning is quite possibly associated with the first of the soft tissue structures described in the next section and referred to as "pouches." In this case the "pouch" for a combined Element 87/88 mass would seem to be a combined Cranial Nerve (CN) 11-12 pouch (with this CN pouch possibly to be associated with what will become the body's nerve sets), for the Element 55/56 mass, a Cranial Nerve 9-10 pouch (with this CN pouch possibly to be associated with what will become the body's ventricles of the brain), for the Element 37/38 mass, a Cranial Nerve 7-8 pouch, (pouch possibly to be associated with the liver) and for the Element 19/20 mass, a Cranial Nerve 5-6 pouch (to be associated with the duodenum). At some point, if not initially during this second time through the Periodic Table of which I'm writing, that is, perhaps for example, during a third time through the Periodic Table, the 2nd column Elements 88, 56, 38 and 20 will be differentiated out as individual structures leaving 1st column Elements 87, 55, 37 and 19 as stand-alone structures. And just as with the situation of Mt Ss 1 and Mc Ss 1 each being formed of two sesamoid bones, each set of sesamoids to perhaps give both stability and ranging capacity for associated structures, when the s-orbital 1st and 2nd column Elements become stand-alone structures, in order for their associated structures to have stability and ranging capacity, their associated Cranial Nerve pouches will be two separate cranial nerves. These, then, will oversee, alternatingly, all the structures in their rows which will be involved with the extensions of the six 2-member sets of cranial nerves to 24 spinal nerves. It is proposed that the stability-fulfilling-function set of cranial nerves, as associated with the Column 1 s-orbital bones of Rows 2-7, that is in descending order (and most of them not yet formed/ separated out in this text), the vomer, inferior nasal concha, superior nasal concha, nasal bone, parietal bone and temporal bone, will be Cranial Nerves I, III, V, VII, IX and XI, the olfactory, oculomotor, trigeminal, facial, glossopharyngeal and accessory nerves. The ranging-fulfilling-function set of cranial nerves, as associated with Column 2 s-orbital bones, the palatine bone, middle nasal concha, highest nasal concha, frontal bone, occipital bone and zygomatic bone - and the rest of their rows - will be Cranial Nerves II, IV, VI, VIII, X and XII, the optic, trochlear, abducent, vestibulocochlear, vagus and hypoglossal.

The Formation of Soft Tissue Structures

The inroad channel function will now resume again at the end of Row 4 with p-orbital Elements 36-31. There will be formed/ separated out the adjacent d-orbital Elements 21-26. Then, once again, the inroad channel function will cross the orbital section boundary to pull forth from the remaining undifferentiated portions of the d-orbital section of Row 4 the inroad channel Elements 30-27. And again, the forming/ separating out of leakage-enclosing masses will occur in the remaining undifferentiated portions of the s-orbital section to form first what will become the remainder of the second column of the s-orbital section, Elements 12 and 4, either as combined with their companion 1st column Elements 11 and 3 or as leaving Elements 11 and 3 standing alone due to the 2nd column Elements 12 and 4 having been individually differentiated out. Then comes the time at which the forming/ separating out function devolves to the 1st column elements because Element 2 is now to be

differentiated out either as a combined mass with the 1st column Element 1 with Element 1, hydrogen, then having to be the next element differentiated out in order to handle the leakage from inroad channel Element 27 or with Element 2 and Element 1 both initially individually differentiated out to handle leakage from Element 26, then Element 27. By Element 1, hydrogen, coming now to have placed on it responsibility for there forming and separating out a leakage-enclosing structure, it would seem that it, Element 1, hydrogen, as well as subsequently its following Column 1 s-orbital elements, will be associated with the formation of the already-mentioned different sort of leakage-enclosing structures, the series of soft tissue "pouches" which will come to be the gyri of the brain, the individually differentiated cranial nerves and many of the soft-tissue gland-type structures of the body.

So, the last inroad channel element mentioned above, that is, Element 27 (sacral vertebra 3 or S3) leaks and the premier element/ structure for aligning capacity within an energy entity, which is hydrogen (Element 1)/ ethmoid bone, apparently becomes responsible for isolating the leakage. The manner in which it would seem to do this, in conjunction with enclosing the next inroad channel, Element 18/ lower wisdom tooth, would seem to be to form a membranous, ultimately to be compartmentalized, "pouch."

That which has been occurring to cause the formation and differentiation of the structures of the entire table which follows is assumed to be along the line of the interaction, in an incorporating way, of different forms of energy (as a sperm is incorporated into an egg) where earth is forming, some or all of these forms of energy either directly emanating as, or having been instigated by, radiation from an expanding sun. For simplicity's sake I shall reduce the previous sentence to a concept of there being initial interaction at earth spot of radiation from an expanding sun, in whatever form it takes, with another level/type of energy. Therefore, I continue in the speculation that, as the level of radiation from the expanding sun increases over time causing always again leakage from the most recently formed inroad channel and the forming of the structure required for enclosing this leakage devolves finally on what are the s-orbital elements of the first column of the periodic table, it is characteristic of these s-orbital elements to be associated with the forming of a set of "pouches." These pouches will themselves be associated with what will seem to be newly re-fashioned encapsulated leakage-susceptible inroad channel structures which the set of pouches bring forth and on which forms of radiation as outside environment can have the effect of causing there to be formed, presumably under the aegis of the pouches, processable, storable, directable substances as substitute for the direct effect of spectral energy. This expands the ability of an organism to adjust itself to accord with incremental re-location away from its originating location (in this universe) that will always occur when "attached" to an earth that is at first accreting while revolving around the source of the radiation – but ultimately, as well, the capacity of an organism to move independently away from its originating location on an earth that has come to rotate.

Extreme Speculation Interlude: Base for Earth Layering and Earth Rotation and Development of Muscles and DNA/RNA/Protein-making Apparatus

I have asked myself whether this would be the appropriate place to sum up the curious ideas that have been fashioning themselves in my mind based on what my bodily functioning tells me my various bodily parts are doing. My lack of formal grounding in the existing knowledge of the areas of which I speak has no doubt left me overly free to form creative speculations as to the origin of various phenomena when such speculations are needed for me to move on in deciphering what my bodily functioning would seem to be telling me. As suggested in the Forward to this work, my hope has been that even a construction containing a number of erroneous ideas might contain enough germs of truth to give a new way of seeking greater truth. Therefore, in this section of the overall text for this work, I have conceived of a way in which the niche in the universe in which earth will form

first becomes that niche by one form of energy being incorporated into another form of energy, the incoming form being spectral energy from the sun. I have imagined that the incoming radiation perturbs or hinders the invaded energy sufficiently as to transform it perhaps at first to another manifestation of itself but then, eventually, causes structure formation to occur which serves to send forth portions of the invading energy. I have further imagined that this process endures for a long time providing the material structure base for the eventual planet and that, insofar as the source of the radiation is moving in the universe, then that which its radiation is forming will move with it. In my scheme it is in the nature of that which begins forming at earth spot to have incipient systems built into its formation, that is, first, (System 1) what will eventually be a respiratory system in the human being, which, in the beginning, is simply a taking-in-of-outside-environment mechanism, then (System 2) what will become the human circulatory system which, at first, is the system of over-pressurization and rifting, then (System 3) the eventual human digestive system which, at first, is the forming of structure from that which ensues from the rifting, then (System 4) the eventual human immune system which, at first, is the functioning of the formed structure to pass along the unincorporated portion of the incoming radiation back to the outside environment, then (System 5) what will become the human nervous system which, at first, is the developing connective tissue that will permit the next stages in the continuing development of the organisms that I have imagined initiate the formation of all structure, and, finally (System 6) what will become the human reproductive system which, at first, is the mechanism allowing portions of the radiation captured in particular ways to cause to duplicate all that's gone before,

I would include here also a concept of the beginning production of a kind of material structure which will not be just the organisms themselves that take in spectral energy and send forth what's left of it after organism structure is formed but will now be the refuse that results from the taking in of outside environment into pouches to be processed into something more than direct organism structure and which can serve to provide substances from which alternate energy to that utilized previously can be taken, perhaps a "lesser" energy such as that associated with mechanical, thermal, electrical, chemical energy involving the development of mitochondria and ATP with this resulting in effluent output that is not purely spectral wave length output such that there is now material refuse effluent to accrete.

As will be noticed, in the following table for Pattern for Matter Structure Formation, matter structure formation is proposed to occur in varying layered ways as a function of progressions through what I am proposing to be a 180-element Periodic Table with three progressions, first "down through" the Table, then back up through and, finally, down through again. In one of the frequent "notes" written through the years leading to the proposals in this text, I have asked, "Will the incipient Earth develop then during its first run down through the Periodic Table as a single expanding entity (in the way that a human being is a single expanding entity) and this entity serves to be layered structure that sends forth layered spectral energy perhaps in its wave form? Then the second run back up through the Periodic Table would perhaps be an elaboration of this entity into multiple parts which would serve to turn spectral wave energy into layers of photons to be sent forth. Finally then, when the proposed "pouches" develop during the third progression down through the Periodic Table, might they not provide the beginning of the possibility of the breaking up of the whole big entity into individually functioning parts which, eventually, will be able to replicate (and later reproduce) themselves with death of the parts as aspect of this new possibility with the first earth layer forming from the first stages of this breaking up of the whole big entity into individually functioning parts? I have imagined, then, there will be five more earth layers, the last one being the layer from organisms with that which would correlate to the modern-day thoracic spine which I have proposed goes along with the development of a nervous system which allows for the beginning of meiotic reproduction.

Throughout the forming of the precepts of the previous paragraphs, there has constantly lurked the question, "When does rotation begin?" I have had to maintain the basic concept underlying all my precepts which is that all that which is occurring is the result of gravitational energy, always contracting back toward its source, being hindered in that contraction by lesser/slower versions of itself. Therefore, I visualize the beginning of earth formation as a sort of taffy-pulling process with gravitational energy always moving at constant velocity back to its source but with it being stretched out by already formed lesser versions of itself interfering with it. I have further visualized that it is not until the portion of its stretched-out self finally steps down into one of the lesser versions of itself that that portion can be cut free to come under the sway of the original interfering lesser version of gravitational energy, i.e. a sun's radiation energy that has reached earth spot. Only now can rotation of all that has accreted at earth spot begin. The manner in which a portion of stretched-out gravitational energy steps down into one of the lesser versions of itself, if need be, so that that portion can be cut free to begin rotating will be addressed in the subsequent part of this section of text entitled "The Possible Process by which Condensation/ Truncation Occurred/ Occurs."

In the necessity to formulate theory to accompany sensation associated with body structure usage during periods of the daily rotations that eventually came to be, I have speculated that at some time in the process of all that is developing – perhaps within that which had developed during the fourth earth layer but is being covered over and deprived of radiation energy by what will be the next earth layer – there came to be muscle-type structure for adjusting the previously formed structure of System 3 (see above) resulting from the circulated product of the rifting of System 2 which had itself resulted from the over-pressurization of the initially taken in outside environment of System 1.

The adjustment provided by the proposed development of muscle-type structure of System 4, I speculate to be part of the attempt to disperse radiation energy which is in excess of that which can be employed in building the structure of System 3. Associated with the development of muscle-type structure of System 4, I have imagined there develops proto-DNA-making apparatus to serve to notate the form the muscles take in their attempt to disperse unused radiation.

I have further imagined that System 5, which presumably would correspond to creature-types forming a fifth earth layer, would be engaged in forming creatures who would have mechanisms for dealing with radiation energy which cannot be dispersed in System 4. The imagined mechanisms have consisted of the elaboration of an eye which can disperse radiation not able to be handled in any other way and includes the development of proto-RNA-making apparatus which will be associated with that of System 4 proto-DNA-making, the proto-RNA-making apparatus stimulated by the need for a process which will allow for a reading and handling of perhaps inadequate muscle configuration when confronted with non-dispersible radiation. Finally, there is stimulated the development of System 6 with a proto-protein-making apparatus which will be involved with the formation of a means of replication as a way of handling radiation which cannot be dispersed by individual creatures.

As earth rotation begins and there come to be radiation-reduced night-time-type periods, I speculate that the already developed proto-DNA-making apparatus comes to serve as the notation device of the effect of the taken-in radiation of the previous daytime on the organisms' body structures, whether that be captured direct radiation or that taken from processed incoming outside material environment, this DNA notation then being read by the proto-RNA-making apparatus developed to function during a brief earliest morning period to set in motion needed alterations to the entity/ organism based on its previous day's changes in location as captured in the effect of the taken-in radiation on the structures of the organism. Finally, another brief morning period follows of activity of the proto-protein-making apparatus which developed to form the proteins necessary for the alterations. These concepts are in keeping with my previously developed and long-held precept that living creatures are measuring/ mapping devices serving as the route back to its non-dispersed

state of dispersed gravitational energy probably with certain capacities for effecting movement back toward this state.

All that has been proposed in this italicized section is a reflection of the overwhelming sense of constantly repeated hierarchical layering which has brought into existence our universe and which the unprecedented perception of my functioning as a living creature has progressively led me to theorize.

Earth Layering as Result of Soft Tissue "Pouch" Formation and Resultant Material Effluent Accretion**;** Cerebrum Development

In the table which follows, each entry will have an exit pathway for the effluent which must surely ensue from any capture/ transport// processing/ retention of radiation energy in whatever its form. The effluent pathways for the table entries previous to the beginning of the "pouch" formation which occurs in association with the ethmoid bone (Element 1), that is, the entries of the first and second times through the Periodic Table, down and then back up, are theorized to serve as pathways for the emission of altered radiation energy levels to accord with the always changing circumstances of the emitting entity, these changing circumstances having seemed to lead to the portions of the radiation energy, which are not being emitted, having been captured and retained as structure of the emitting entity. The beginning of pouch formation has been theorized to correlate with the ability, among other abilities, of an entity/ organism to capture, store, process and transform radiation forms of energy to material substances capable of being combined to form alternative types of energy to that used previous to the beginning of pouch formation, some of these material substances being of no service to the entity thus requiring a means for elimination of material effluent. In the process of producing material effluent leading to the accretion thereof, there continues the alternate positioning of the now material-effluent-producing entities/ organisms in relation to the sun with their positioning now being progressively affected by their location on, or in, the accretion. As the entities/ organisms producing the effluent are moved along to different positions for taking in sun radiation, presumably the level of energy of this radiation will vary leading to inroad channel-type leakages causing the need for more enclosure of this leakage with a resultant new mass-type structure enclosing a new inroad channel structure. The first of these was mentioned above in conjunction with the ethmoid bone as encloser of the leakage from the rifted inroad channel, S3, and the inroad channel which results from ethmoid bone enclosure was stated to be the proto-lower wisdom tooth (Element 18). In this process of the first of the first-column s-orbital bones forming in its particular way to serve in "closing off leakage" in its association with the formation of the inroad channel, proto-lower wisdom tooth (Element 18), there would seem to be produced the first of the 1st column s-orbital "pouches," which in this case would seem to be the upper cranial pouch which will become the cerebrum. To further carry forth this process I've developed for the formation of matter structure, the formation of the ethmoid bone-associated cerebrum pouch as the structure developed to enclose the leakage from the over-pressurized, rifted S3 results in the concomitant formation of the inroad channel element/ body structure, Element 18/ proto-lower wisdom tooth. When there is leakage from this over-pressurized structure, it would seem to have the effect of causing the beginning of partitioning within the cerebrum pouch with an accompanying partitioning within the previously formed cerebellum pouch, with there to be in this initial partitioning, the formation of six pouches in each with these seemingly to be associated with a series of six energy levels. It is proposed that the six pouches associated with the ethmoid bone as it alters itself in association with the forming, rifting and leaking of the five remaining inroad channel structures of Row 2 of the Table, that is, proto-upper wisdom tooth, -ulna, -radius, -humerus and -scapula (Elements 17-13), are pouches allowing for entities/ organisms maintaining an established position on/in the accreting earth to gradually cope with that

position changing in relation to the sun and the changing energy level with which they must deal as the earth accretes and revolves around the sun.

The process has been that radiation level from the sun (Energy Levels 1-6) increasing over time has caused to form the above pouches, which would seem to have the incipient capacity for converting "entrapped" radiation to material effluent to be eliminated through associated elimination channels as well as the capacity to cause to form further inroad channel structure to eventually leak radiation to form more structure. It is speculated these initial pouches brought forth under the aegis of the ethmoid bone will be what will become 6 sets of cerebri structure eventually to be compartmentalized into 4 gyri each**;** the material effluent produced would be in some form that can eventually become instigating brain cells for the functioning of all that which will further develop as a body that comes to produce material effluent.

However, before transformation of the material effluent from the initial 6 cerebri pouches into gyri and instigating brain cells, it is further speculated that this material effluent in its untransformed state is eliminated and accretion of material effluent begins such that over time the organisms in the accreting, sun-revolving earth ball are subjected to different levels of radiation wave length causing there to be always over-pressurization and rifting functions. It would seem that leakage from the Energy Level 6 structure, i.e. the proto-scapula, which results in formation of the 6^{th} and last ethmoid bone cerebri pouch, leads to further pouch creation under the aegis of the descending order of Column 1 s-orbital bones with a pouch formed as the result of leakage from each of the six p-orbital structures ending a Periodic Table row for the Column 1 s-orbital bones of Rows 2-7. However, these six p-orbital structures of each row are reversed in their order of serving as inroad channel structures proceeding now, during this third time through the Periodic Table, from left to right along the Periodic Table row rather than vice-versa as before. As well, for Rows 3-7, the p-orbital structures are no doubt adapted in some way for their new role since they had already been individually differentiated out as inroad channels during the second time through the Periodic Table. In this way, leakage of the inroad channel structure, the proto-scapula (Element 13) leads to more leakage enclosure under the aegis of the second Column 1 bone, the proto-vomer, resulting in the forming of 6 vomer-associated pouches, each of which will serve to create another inroad channel by means of its role of enclosing leakage from each last rifted inroad channel such that the final stand-alone structures of the Periodic Table of Elements/ Correlated Human Body Structures are created. These are Elements 5-10, the proto-xiphoid process, -sternum, -manubrium, -clavicle, -maxilla alveolar process and -mandible alveolar process (the only proto-bones of the table with the same set of three muscles serving for each bone). I have speculated that the effluent from the entities developing the initial set of six ethmoid bone pouches possibly along with the effluent from this second set of pouches under the aegis of the vomer bone to handle spectral wave length for progressing energy levels of radiation (along with whatever might have developed before pouch formation began) resulted in the formation of the first, most internal layer of the earth. It is also speculated that there came a time in which the sun's radiation had increased to the extent that the vomer bone pouches were insufficient to handle the level of energy surging through them such that once again there was a series of leakages of the sort to instigate another series of six pouches to handle the receipt of more intense and/or more extended energy levels. There will be accompanying involvement of the next descending Column 1 s-orbital Element/Bone, the proto-inferior nasal concha, as the source of the pouch structure formation. In addition, there will be the involvement of the same-row p-orbital Elements/ Correlated Bones & Teeth, that is, the proto-scapula, -humerus, -radius, -ulna and the -upper and -lower wisdom tooth, all adapted, as suggested above, in some way from their having previously been brought into existence as inroad channels whose earlier leakage served to form/separate out the initial ethmoid bone pouches. With an eons-long period of effluent associated with the development of this next series of six pouches, the long accretion period would possibly produce a second earth layer. This process of development of sets of six pouches as associated with

the descending order of s-orbital bones as well as their same-row adapted p-orbital Elements/ Correlated Bones & Teeth with possible accompanying accretion of an earth layer will occur four more times, as shown in the last pages of the table following this text, thus bringing an end to the table but with there remaining the unavoidable assumption that there is no end to the process. *

**This assumption would seem to lead to the heretical concept that a truly knowledgeable human being would be able to thwart the aspect of the 2nd law of thermodynamics which holds that entropy is always the result of the tenet of the 2nd Law which says that lesser pressure does not become greater pressure without pressurization causation of some mechanical, thermal, electrical or chemical nature. When a hand is removed from underneath a rock, gravitational energy causes the rock to fall to the earth. If the direction of this movement is actually toward a Big Crunch, then gravitational energy does not result in entropy; it is only its lesser versions of itself which produce entropy. All the tables of this publication are directed toward showing the manner in which the fully knowledgeable human will be able to maintain the removal of the hand from under the rock, himself, in order that only gravitational energy is needed to bring about all movement with which he is associated. He will be able to use the constant tendency toward pressurization of his sequenced parts due to gravitational energy to continually, sequentially alter these parts to accord with the underlying direction of movement of his universe, which is toward the source of his universe, the "place" to which gravitational energy will ultimately bring him when it has eliminated its lesser versions of itself in the form of mechanical, thermal, electrical and chemical phenomena, the process in progress for which the human being (and living creatures) have, quite likely, come into being.*

Lymph, Blood, Hormone, DNA, RNA and Protein Formulation as Associated with Soft Tissue Structures**;** Spectral Wave Length Dispersal

Now that the separating out of matter mass is associated with soft tissue receiving/ processing structures, these appear to be layered in such a way that a given structure can deal only with receipt/ processing/ production of a limited range of substance which would, or initially did, perhaps represent a 1/6 portion of what would seem to be the energy of a spectral wave. There appear to be six soft tissue structures for each of six periods of 24 hours so that each one of the set of six scaffold bones responsible for aligning the organism through the eventual 24-hour rotations, but which presumably developed originally for aligning the organism to handle different spectral wave lengths on the revolving earth, will be associated with its own soft tissue structure for each of the six time periods. Therefore, while the same six bones serve as scaffold through the 24-hour rotations, the different soft tissue structures associated with each bone will change six times during the 24 hours, that is, 6 bones through 6 time periods will utilize 36 soft tissue structures. (For example, see table two pages forward.) These six bones will come one from the s-orbital group, one from the p-orbital group, one from Row 4/5/9 d-orbitals and one each from the Row 6, 7 and 8 d-, f-orbitals. These give a scaffold consisting of a cranial bone, a body-frame bone, a non-thoracic vertebra (cervical/ lumbar/ sacral/ coccygeal)/ sesamoid bone, a finger bone, a thoracic vertebra/ rib bone and a toe bone, a scaffold for functioning balanced to, or as required by, the rest of the universe.

The role of the six soft tissue structures in each time period corresponding to the six scaffold bones would seem to be to formulate a substance that in some way could support the role of the spectral wave length associated with that time period. The substance formulated by the six structures associated with a given one of the sequence of six time periods in 24 hours has been speculated to be possibly, first, a lymph formulation followed by a blood formulation, then a hormone formulation, a DNA-associated product, an RNA-associated product and, finally, a protein. The six structures of a given one of the six time periods, which will formulate the given substance for that time period, would seem to be (1) an eye structure (associated with the s-orbital cranial bone of the day), (2) a

somewhat obvious (in some cases) lymph-formulating or blood-formulating or hormone-formulating or DNA-associated (cerebellum) or RNA-associated (cerebrum) or protein-associated (cranial nerve) structure depending on the time period and on the p-orbital body-frame bone being utilized on the given day, (3) the appropriate part of one of the six time-period-sequenced organs for this Number 3 which appear to be the kidney, the gallbladder, the duodenum, the liver, a ventricle or a nerve set (all associated with the non-thoracic vertebra or sesamoid bone of the day), (4) a part of one of the six upper lung segments depending on the time period and on which finger bone is being utilized on the given day, (5) a part of one of the six middle lung segments depending on the time period and on which thoracic vertebra or rib is being utilized on the given day, and, finally, (6) a part of one of the six lower lung segments depending on the time period and on which toe bone is being utilized on the given day.

Each of the formulated substances discussed above would seem to progress toward an ultimate separating out and dispersal of spectral wave length which, for the first period of the 24 hours appears to be dispersal associated with the bladder system, for the second with the armpits/ sweat system, the third the nipples/ lactiferous duct system, the fourth the anus/ anal system, the fifth the eye conveyance system and the sixth the vagina/ penis regenerating system. In an appropriately aligned organism, it may eventually be determined that there is actual flow of wave length from the above orifices with, however, when its flow is hindered, that wave length being involved in some way with the material substance emanating from the six orifices (and default functioning of the organism seeming to reduce the process to regular material effluence primarily from only several of these orifices). Also, it appears that in an optimally aligned body, there is the possibility that the individualized role of the substance formulating structures is superceded such that the entire system of structures functions simultaneously and continuously to possibly form something approaching a more complete unit of spectral energy to issue forth probably by way of the hyaloid canal of the eye. I speculate that the nasolacrimal duct/ ethmoid bone connection has the capacity to optimally align the entire creature simply because the nasolacrimal duct is the remaining portion of the duct that runs throughout the creature carrying, or having carried, outside environment but with all the portions of itself closed off in pressurizable chambers.*

**Reading of theories of supersymmetry while the above possibilities were forming in my mind, I found myself imagining that I could use the language of supersymmetry to suggest what I sensed happening in myself as I brought my various body structures toward what sensation told me was a state of optimal alignment. To bring one's self toward this state of optimal alignment is to create a sensation of having equalized the pressure within all the inroad channel-type structures of the body to the pressure within whatever is pressurizable in the matter mass structures of the body, that is, in all the structures shown on the table for the Pattern of Matter Structure Formation, which in the language of supersymmetry, as said, I imagined would quite possibly signify having brought one's fermion elements and boson elements into a state of interchangibility.*

"Modern"-Day Usage of Soft Tissue Structures

As the first one in the progression of spectral wave lengths to be handled in the six time periods, of what will come to be a 24-hour rotation, utilizes the set of six soft tissue structures formed to handle that wave length during the first time period, its set of six pouch-like structures brought forth under the aegis of the second 1st column s-orbital bone, the vomer, will be associated with the inroad channel agent, the xiphoid process. The xiphoid process, which is the first p-orbital structure of Row 2 of the Periodic Table, has "leaked" to cause the vomer bone to undertake the overseeing of the first compartmentalizing to a Gyrus 1 of the previously formed first cerebrum "pouch" along with the formation of a bone-marrow-forming pouch to be associated with the xiphoid process for this first

time period of 24 hours. As well, there will form pouches to be associated with the other five bones accompanying the xiphoid process for this first time period, the six bones providing one of the 24 scaffolds of the body developed to maintain the balance of an organism for a specific period of time. These will be 1) a Part 1 eye structure pouch associated with the vomer bone, 2) the just-mentioned bone-marrow-forming pouch associated with the xiphoid process, 3) a Part 1 proto-kidney pouch associated with the non-thoracic vertebra/ sesamoid bone (i.e. C1) and Parts 1 of the following three**:** 4) one of the upper six lung segments, 5) the middle six lung segments and 6) the lower six lung segments as associated, respectively, with a finger bone (Mc 5), a thoracic vertebra/ rib bone (T1) and a toe bone (Mt 5). In this long, long present "modern" day time after the eons-ago process whereby I will propose condensation/ truncation of body structure usage occurred such that each of the p-orbital bones of a given row of the Periodic Table came to use the same six substance-producing pouches for the first time period of 24 hours and then the next six for the second time period and so on, I can propose the progression of substance-producing pouches through the six time periods in 24 hours of the "modern" day as they change to provide what is needed for the xiphoid process and its accompanying five bones to continue as the relevant scaffold through the 24 hour rotation. (See table below.) To wit, for the vomer bone there will be Parts 1-6 of the eye structure**;** for the xiphoid process there will be a bone-marrow-forming pouch, a carotid-artery pouch, a pineal-gland pouch, DNA-making apparatus associated with a cerebellum pouch, RNA-making apparatus associated with a cerebrum pouch and protein-making apparatus associated with a cranial nerve pouch**;** for the non-thoracic vertebra/ sesamoid bone, C1, there will be Part 1 first of a kidney pouch, then a gallbladder pouch, a duodenum pouch, a liver pouch, a ventricle pouch and finally a nerve-set pouch**;** for the finger bone, Mc 5, the thoracic vertebra/ rib bone, T1, and the toe bone, Mt 5, there will be Parts 1-6, respectively, of the same one of the upper six lung segments, the same one of the middle six lung segments and the same one of the lower six lung segments. The same substance-making pouches will be used in the different time periods when the next p-orbital element after the xiphoid process, that is, the sternum – along with its accompanying scaffold bones – becomes the relevant inroad channel element. And so on for the manubrium and clavicle, the remaining p-orbital bones of Row 2 of the Periodic Table.

Time Periods In 24 Hours	for Vomer Bone *Eye Apparatus:*	for Xiphoid Process	for C1	for Mc 5 *RLS 1:*	for T1 *RLS 4:*	for Mt 5 *LLS 7+8:*	*Exit Routes*
8:52am-11:16am >	Part 1 <lymph>	Bone Marrow	Kidney	Part 1	Part 1	Part 1	urethra
11:16am-4:04pm >	Part 2 <blood>	Carotid Artery	Gallbladder	Part 2	Part 2	Part 2	armpits
4:04pm-12:52am >	Part 3<hormone>	Pineal Gland	Duodenum	Part 3	Part 3	Part 3	nipples
12:52am-7:16am >	Part 4 <DNA>	Cerebellum 1	Liver	Part 4	Part 4	Part 4	anus
7:16am-8:04am >	Part 5 <RNA>	Cerebrum 1	Lat.Vent., R.F.	Part 5	Part 5	Part 5	eye
8:04am-8:52am >	Part 6 <protein>	Cranial Nerve I	Nerve C5	Part 6	Part 6	Part 6	vagina

The Initial, Original Usage of Soft Tissue Structures

However, the bone/ pouch associations, which have just been made, represent, as said, the long, long "modern" day usage. As will be seen in the following table for the Pattern of Matter Structure Formation, during the third progression through the Periodic Table of bringing forth structure previous to the condensation/ truncation of organism body part usage, which began the "modern age" of usage and will be discussed soon, there was a hierarchy of formation of a set of six "pouches" associated with the six bones of a scaffold. The progression of this hierarchy depended on the progression of the six p-orbital structures of a Periodic Table row as each one formed, became over-pressurized and rifted or "leaked" to cause further structure formation and separating out with a

new (or adapted) inroad channel element forming concomitantly. As has been happening all along, pressurization within the inroad channel element - the first one in this 3rd run down through the Periodic Table being the xiphoid process, which has been formed in conjunction with the formation of the structures closing off the leakage from the proto-scapula as inroad channel, these structures being the 6th ethmoid-bone-overseen cerebrum pouch partition with a 6th layering of the cerebellum pouch - leads to leakage which causes the formation of a vomer-bone-overseen Gyrus 1 within the first cerebrum pouch partition along with whatever pouches are needed at this time to serve the six bones which are coming to associate as a scaffold to maintain balance of the organism, with the xiphoid process as the p-orbital bone of this first scaffold in the series of 24 scaffolds. Insofar as there will come to develop a pouch for each one of the six scaffold bones having the xiphoid process as the scaffold's p-orbital bone, these six pouches will be as follows**:** 1) for the vomer bone there will be Part 1 of a proto-eye structure, 2) for the xiphoid process there will be a bone-marrow-making pouch, 3) for the non-thoracic vertebra/ sesamoid bone, a Part 1 of a kidney pouch, 4) for the finger bone, 5) the thoracic vertebra/ rib bone and 6) the toe bone there will be Part 1, respectively, of the first of the upper six lung segments, of the first of the middle six lung segments and of the first of the lower six lung segments.

*(To carry the above on through the p-orbitals of Row 2 to show the pattern, I include the easy-to-skip following. However, I will not be able to lay out the no-doubt long, no-doubt convoluted process leading from the make-do-with-what-was-yet-available pre-"modern-day" usage of the p-orbital elements/ correlated body structures to the "modern-day" usage as found in Part 4 of this work. I will soon speak of "The Possible Process by which Condensation/ Truncation of Organism Parts' Usage Occurred/Occurs," which could have brought forth "modern-day" usage, but I can only theorize certain aspects of usage previous to "modern-day." To wit**:** after the development of the vomer-bone-overseen Gyrus 1 spoken of above, there will next be a vomer-bone-overseen Gyrus 2, then a Gyrus 3 and 4 within the first cerebrum pouch partition followed by, at least as represented by "modern-day" usage, Cranial Nerves I and II differentiated pouches. These will correspond to the 6 pouches presumably associated initially with the 6 p-orbital structures of a given row of the Periodic Table of Elements/ Correlated Human Structures, in this case, Row 2 containing the p-orbitals, the xiphoid process, sternum, manubrium, clavicle, maxilla and mandible alveolar processes. However, it will eventually come to be that the 4 p-orbital bones of Row 2, that is, the xiphoid process, sternum, manubrium and clavicle will each become part of a scaffold of 6 bones, and that scaffold of 6 bones, utilizing one of the p-orbital bones of Row 2 as its body-frame bone will come to utilize the 6 pouches, presumably associated initially with the six Row 2 p-orbital structures, to now serve the 6-bone scaffold developed for the xiphoid process and then, likewise, serve the 6-bone scaffold developed for the sternum, the manubrium and the clavicle. There will develop an additional 6 pouches to serve each of the bones of the 6-bone scaffold due to there coming to be 6 time periods in an earth-rotation in which the 6 bones of a scaffold needed to be served. The 6 pouches for each of the 6 sets of pouches for the 6-bone scaffolds containing the xiphoid, sternum, manubrium and clavicle as the p-orbital body-frame bones are as follows**:** for the skull bones (vomer, palatine, vomer, palatine) there will be, as pouches, appropriate portions of Parts 1-6 of the same proto-eye structure**;** for the body-frame bones (xiphoid, sternum, manubrium, clavicle) there will be a proto-bone marrow pouch, a proto-carotid artery pouch, a proto-pineal gland pouch, proto-DNA-making apparatus associated with Layer 1 of the cerebellum pouch, proto-RNA-making apparatus associated with the first of the six cerebrum pouches and proto-protein-making apparatus associated with the Cranial Nerve I/II pouch or pouches**;** for the non-thoracic vertebra correspondents (C1, C2, C3, C4), a Part 1 of a kidney pouch, a gallbladder pouch, a duodenum pouch, a liver pouch, a ventricle pouch and a nerve set pouch**;** for the finger bone (Mc 5, Mc 2, Mc PP5, Mc PP2), the thoracic vertebra/ rib bone (T1, rib 1, T2, rib 2) and toe bone correspondents (Mt 5, Mt 2, Mt PP5, Mt PP2), there will be Parts 1-6, respectively, of the same one of the upper six lung segments, of the same one of the middle six lung segments and of the same one of the lower six lung segments.**)***

With these "pouch" structures of the third progression through the Periodic Table, rather than their now being hard matter structure that has enclosed around leakage to create what will become the next formed/ separated out structure occupying a box of the Periodic Table of Elements/ Correlated

Human Body Structures and which will be involved in the formation of the next pressurizable inroad channel structure capable of leakage, I speculate that instead of fulfilling the role formerly fulfilled by hard matter structure of perhaps directing the path of the incoming outside environment, these pouches will now formulate substances comparable to what the outside environment would have been instrumental in producing. As suggested above, there will come forth from the formation of the first set of six vomer bone pouches associated with this first scaffold of six bones, the next inroad channel structure, the sternum, which will "leak" to cause another forming/ separating out of a second set of six soft tissue structures to form perhaps what I speculate to be a blood-type product to yield a spectral wave length associated in its dispersal with a second orifice, the armpits/ sweat glands (the first having been a lymph-type product to yield a spectral wave length associated in its dispersal with a first orifice, the bladder.) And the process continues**:** the manubrium as enclosed intake channel leading to a third set of six more pouches to form perhaps a hormone-type product to yield spectral wave length dispersal associated with the nipples/lactiferous ducts, then the clavicle leading to a fourth set to form DNA-making product to yield anus-associated wave length dispersal**;** the maxilla alveolar process to a fifth set to form RNA-making product to yield eye-associated wave length dispersal and, finally, the mandible alveolar process to the set of six vomer bone pouches for the protein-making that brings alteration to the organism, making it a new or altered creature to carry on with its new location in the earth accretion in relation to the sun. Or, perhaps, failing the needed alteration in the organism that allows it to accord with its changing universe, the vagina/ penis-associated wave length dispersal connected with the protein-making function of the last vomer bone set of pouches becomes blocked in its dispersal such that a reproductive system must develop to provide a means for storage of undispersed radiation wave length which can eventually have possibility of dispersal.

As will be seen, the formation and separating out of the last of the vomer bone pouches for protein-making is associated with enclosing the leakage from the mandible alveolar process inroad channel leading to the fashioning of the new inroad channel element, an adapted scapula (adapted, I have speculated, due to the scapula having already been fashioned as an inroad channel in the formation and separating out of the 5th ethmoid bone cerebrum pouch), whose leakage begins a new series of six sets of six pouches associated with the third 1st column s-orbital bone, the inferior nasal concha. This process, too, continues for the 1st column s-orbital bones (superior nasal concha, nasal bone, parietal bone and temporal bone) through Row 7 of the Periodic Table.

Time Line for Usage of Structures of Human Body through Its 360-Day Year to Allow for Its Constant Alteration in a Constantly Changing Universe

As suggested previously (see "Modern"-Day Usage of Soft Tissue Structures above), it seems there came a time of condensation/ truncation in the manner of usage of the 6x6 soft tissue structures such that there is a change in the manner of association of a specific set of six structures for formulating, for example, a lymph product. Instead of the six soft tissue structures, which would formulate perhaps a lymph substance, being associated with the first p-orbital of a Periodic Table row and the six which would formulate a blood product with the second p-orbital and similarly on through the formulations of a hormone product, a DNA product, an RNA product and a protein product each with the next highest p-orbital, it apparently happened that the six soft tissue structures which would form that lymph product came to serve for all the four p-orbital bones of a Periodic Table row, each in its turn, through the first time period of the six time periods in a 24-hour earth rotation. The next time period of the 24 hours would be served by six soft tissue structures formulating a blood product through all the days in which the same four p-orbital bones would play their role each one in its turn, in the case of truncation, as part of the bob center framework itself along with each serving its role in the scaffold of six bones needed as the supporting structure of the body through a given set of three

days, or serve, (from~2020-4) in optimal functioning, as aid to the Bob Hook Complex, which will be a primary supporting structure to the body's proper Bob Center, its Center-of-Gravity on a given day.

The 6x6 soft tissue structures (six substance-formulating structures for each of six time periods in a 24-hour earth rotation), serving four p-orbital bones in their role as members of four sets of six framework scaffold bones, continue to serve for twelve consecutive days because the four p-orbital bones, as well as all the companion scaffold bones for each, all have three associated muscles to adjust their bones over three days. Therefore, the four p-orbital bones, each with its set of five companion scaffold bones, each set adjusting over three days due to the adjustments of its bones' muscles, will use the same 6x6 soft tissue structures for 4 x 3 = 12 days, with these soft tissue structures presumably being 4-tiered as necessary. The 6x6 soft tissue structures then change for a subsequent set of four p-orbital bones for twelve days, giving six 12-day periods for the six sets of four p-orbital bones. Since five of the six members of a set of scaffold bones each has 24 versions of itself with each of these having 3 muscles to adjust it through 3 days, there will be a 72 day sequence of working through the 6-sets-in-24-hours of 6 soft tissue structures before commencing again to use the same 6 sets of 6 soft tissue structures with emphasis/ pressure/ bob-center-point progressing through a different one of the 5 sets of 24 bones. Because the s-orbital bone of any set of 6 scaffold bones is exempt from this progression, there will be five repeats of the 72 day sequences to yield a 360 day year for an organism before the whole process begins again. I speculate that the repeats are possible because each repeat is associated with the relation of the organism to the universe on a rotating and revolving earth which will cause its parts to always offer up different aspects if the situation exists that these parts are sufficiently free of frozen default response to be able to alter as the location of the organism in the universe alters. Also, I speculate that these repeats came to be by means of each repeat being associated with a set of structures in the progression of five sets of structures which came into being to serve as the series of separated out structures which were necessary to handle the effect of an intake channel carrying outside environment into concentrated energy such that the energy could no longer flow as it had previously (assuming that gravitational energy flows in a constant direction at constant velocity as speculated) and material structure then had to come to be to mark the path of the concentrated energy out of the flow.

An Interjection

In the above sections there has been proposed a manner in which blocks of proto-matter and then individual hard structures as well as soft structures have come into being. The individualized soft tissue structures have been proposed to come forth when pressurization leakage, which throughout a long initial period led to the rifting of proto-bony structures of all the Periodic Table beyond its first column, now finally devolves on whatever is represented by the first column. This might be said to be that which is left when everything formable as individual proto-hard structure has been formed.

Before moving on in this story, it seems necessary to interject a sort of amendment or expansion to some of what's gone before, an amendment/ expansion that pulls in a theme which came late in my musings and perceptions, the theme of what truth might be reflected in the stories devised by humans to try to explain existence.

Having given an account above of Column 1 s-orbital bones, which appear to perform differently than other bones, I interject now the speculation that perhaps it is possible s-orbital bone pores are not susceptible to pressurization and over-pressurization which can make them subject to leakage of pressure causing them to be inroad channel elements nor to the sort of enclosing-growth capacity that lets them surround the leakage of inroad channel elements to form a resulting structure within, or from, which will be derived the next over-pressurized leaking inroad channel element leaving behind the formed/ separated out leakage-enclosing element. Insofar as it seems they may be

fulfilling those functions as in the situation of second column s-orbitals seeming to be formed/ separated out similarly to other elements, even if associated with the beginnings of "pouch" formation, possibly it's because these second column s-orbitals have the dentinal tubules at the ends of their rows to pressurize and perhaps over-pressurize and leak. Thus, the second column s-orbitals, Element 88 (zygomatic bone), 56 (occipital bone), 38 (frontal bone), 20 (highest nasal concha), 12 (middle nasal concha) and 4 (palatine bone), all have tooth structure dentinal tubules as part of their rows to pressurize.

However, this is not the case for second column Element 2/ helium (sphenoid bone). Therefore, it is theorized that the pouch formation described above in conjunction with first column Element 1/ hydrogen (ethmoid bone) begins its enhanced scope with Element 2 (sphenoid bone) having developed its own type of pouch, a proto-cerebellum, to serve differently than would be the case for the other pouches developed coming up Column 2, the cranial nerve pouches. The Element 2 (sphenoid bone) pouch will be compartmentalized into six lobules and will be associated, eventually, with cervical vertebra 1 (C1) and the C1 spinal nerve.

Then, as pouch formation continues in conjunction with first column s-orbital elements/ bones, starting with Element 1 (ethmoid bone), with the speculated progression of association of the first of the ethmoid bone pouches with cervical vertebra 2 (C2) and the C2 spinal nerve, it is exceedingly easy to view the human-looking form of C2, serving its role as the seating for C1, as representative of the real beginning of living organisms as we know them.

In speculating that the pouches associated with the ethmoid bone are six pouches later to be compartmentalized into four gyri each, with the speculated progression of association of the first of the ethmoid pouches with cervical vertebra 2 and the C2 spinal nerve, I could not avoid cognizance of there being seven spinal nerves unaccounted for as I progressed through my 24 five-member sets of scaffold bones, each set associated with a spinal nerve. Playing with numbers once again as well as with my periodic sensing of correlations between how the universe actually works and the stories humans have derived, or devised, to give allegorical representations of the working of the universe, I mused upon the biblical creation story which required six days of creating and a seventh day of rest and all that came thereafter. Here were seven spinal nerves unaccounted for which could associate with cervical vertebrae 1, 2, 3 and 4, sacral vertebrae 4 and 5, and the coccyx as one, with this association deriving from these vertebrae as the ones of the head and tail of a creature with possibly all the other 24 vertebrae interjected after the original seven pouches, these latter 24 vertebrae to be associated with the six cerebellum lobules and the 24 cerebri gyri.

Finally, in this tissue of musing and speculation, it was not hard to imagine the seventh pouch, which would be the sixth pouch produced by the ethmoid bone, being the one associated with the coccyx and the coccygeal nerve, small structures at greatest remove from the head structures, so that it was possible to view these structures as inadequate to whatever their reason for being thus resulting in all that comes after in the form of the body of an organism. So, it might be imagined that on six days God created but, thereafter, rested, leaving his creation on its own to simply fulfill physical law!

The Possible Process by which Condensation/Truncation of Organism Parts' Usage Occurred/Occurs as Associated with the Beginning of Earth Rotation

Even if far-fetched, I, the author, must have a way to finish chapters of my story such that it could possibly accord with the relationships I have discovered among all my body parts and systems and am constantly experiencing in my functioning. As well, I require a continuance of my story on which I can evermore theorize so long as there remain mysteries to be explained. Therefore, I have proposed above that perhaps the purpose of each of the six p-orbital related pouches was to provide a way of handling, or producing a substance related to, spectral energy of a certain wave length due to

many different orientations of the organism to the source of the energy as the organism, or proto-organism, was pulled into revolving around the sun rather than going on its way as whatever part in the gravitational flow it had previously played.

Now comes the time when all the hitherto unhandled but potentially differentiable first column s-orbital masses of Periodic Table Rows 1-7 have been individualized in their manner of acquiring individualized status by means of "pouch" formations and the pressurizing/ over-pressurizing/ rifting function associated with continuing inroad channel activity has returned to Row 8 of the Periodic Table to give a situation that leads to feasible speculation about the cause of the beginning of earth rotation.

From the awareness that four quantum numbers are needed to uniquely describe an electron, I have mused upon the curious situation I saw developing in my Periodic Table of Elements/ Correlated Human Body Structures as I was slowly discovering the correlations between the elements and human body structures in which the first four p-orbital structures of Rows 2-7 were seen to be all bones of the body (the body-frame bones) whereas the last two p-orbital structures of each of these rows appeared to be tooth-related structures. As I had worked out the correlations of various kinds of structures (bones, muscles, glands, organs, etc.) which seemed to work together, I had concluded that all the four p-orbital bones of a periodic table row (along with the four accompanying sets of five additional bones so that each p-orbital bone is a member of a scaffold of six bones) made use of the same 6x6 sets of "pouches." So now the question was, if my table of inroad channel elements and leakage-instigated resulting-structure elements had any validity, how did it come to be that six pouches, which originally had seemed to come into existence in relation to one each for each of the six p-orbital structures of a periodic table row, eventually came to serve for each of the first four p-orbitals of a row, which were the only p-orbital bones of the row. Did something happen as the inroad channel function came back to Row 8 after having come back through Rows 1-7, and was this "something" that happened a means of causing a p-orbital bone to have to deal with sequentially altering spectral wave lengths in a regularly occurring time period?

In considering the possible series of occurrences ensuing (over an eon of time no doubt) from the return of the inroad channel function to Row 8 of the Periodic Table, it is speculated that the malleability of the soft tissue structures developed in connection with the s-orbitals of Rows 1-7 lent itself to what proved to be a special characteristic of Element 120/Maxilla Bone. Perhaps due to its location in the Periodic Table of Elements/ Correlated Body Structures it was especially compressible and expandable. Since the thus-far developed organism now had conformable soft tissue structures associated with spectral energy onslaught, the mass of living organisms, in connection with their intimate effect on all else, could slowly yield to pressure on themselves to compress their Element 120-correlated proto-maxilla bones. The author is proposing earth rotation as the result.

Presumably the six "pouches," which had developed one each for the six individual p-orbital structures of a Periodic Table row, had developed to handle the overflow from too great pressurization of a previous structure with there being inherent in this concept the implication of there being always (even if perhaps intermittent given ebb and flow of the totality of earth situations) increasing energy level influence on developing organisms. Therefore, presumably too, the six pouches for the six p-orbital structures of a row would have developed to handle increasing spectral wave length energy.

As rotation of the earth-accretion begins, the on-coming sun radiation onslaught becomes subject to the effect of earth rotation on it. From the perspective of any given spot on the accreting earth, the spectral energy with which it will now be dealing will be spectral wave length pulled long as it is encountered to travel with the direction of the earth's rotation but later, in the same rotation, compressed short as it is encountered to travel against the direction of earth rotation. Over time, the "pouches," which had developed for organisms at a given spot on the revolving-around-the-sun earth-accretion to handle the effect of increasing spectral wave length energy on the series of six p-orbital

structures of a Periodic Table row, will now become the series of structures associated first with the longer, less energetic wave lengths but with each one of the series progressing toward association with always shorter, more energetic wave lengths. Now as the earth begins rotating and the structures within organisms at a particular earth spot are called on in the normal left-to-right progression of the Periodic Table to take their turn in conducting or maintaining the balanced functioning of the organism, the ordering of pouches with these structures will change. A structure with its pouch, which before on a revolving but non-rotating earth, was handling the on-coming spectral wave length of a relatively constant energy must now, on a rotating earth, handle a rapidly changing series of spectral wave length energies due to the effect of the rotational change of location of a given earth spot as related to the change in spectral wave length received at the given spot because of the rotation. The commandeering of the whole set of pouches associated with one's fellow p-orbital structures in a row by a given p-orbital structure of the row would seem to have been the manner of dealing with the rapidly changing series of spectral wave length energies now washing over the designated structure, or set of structures, responsible for maintaining the balanced functioning of an organism at a given spot on a now rotating earth-globe.

Organism Balance by Means of 6-Proto-Bone Scaffold Condensed/Truncated to More Partially Balanced 4-Proto-Bone Scaffold as Implied in Proto-Rib Structure

When it has occurred that a single p-orbital structure is able to sequentially utilize all the six "pouches" which had developed to handle the range of on-coming spectral energy, then the circumstance exists for the compressibility of Element 120/Maxilla Bone to have the overall effect on organisms of compressing their parts such that over perhaps another eon they create a situation/ an environment in which they can "get by" utilizing four spectral-energy handling pouches for each of their structures in special ways during those hours of the now regular rotations in which the organisms are turned toward the sun leaving two to serve complementary functions as the organisms are rotated away from the sun. These changes, too, will accord with the changing situation due to the changing environment ensuing from the effect of rotation on the functioning of the earth-globe's organisms. The organisms perhaps come to be able to utilize their pouches in this different manner because they come to be able to function in a partially balanced way requiring only a four-bone scaffold instead of the six-bone scaffold necessary if their balancing ability is not to leak out to the larger environment which I speculate is an effect of the new manner of functioning. I propose that the arrangement of the ribs of a human indicate the compromise which came to be away from the previous state of balance. Rib 1 is attached to the manubrium and is rather intimately associated with the clavicle and scapula. The paddle-like scapula can press in or pull away from the ribs. I further propose that this action of the scapula can determine the extent of the balance between outer tracks into the body and their internal extensions such as the outer ear tube as extended internally by the Eustacean tube or the nose as extended internally by the trachea or the mouth as extended internally by the esophagus and stomach as well as others such as, perhaps most importantly, those of the eye. There would be determined, in this balance between the outer and inner tracks, the quantity of energy and energy-source substances entering the body. *(If any of this could possibly be valid, could then the + ½ / - ½ up/down spin quantum number of the electron be associated with Rib 1?)* Then, perhaps, after Rib 1 in its connection with the scapula has set the stage for the quantity and kind or source of incoming energy, the ribs attached to the sternum, i.e. Ribs 2-10, the unattached Rib 11 and the unattached Rib 12 become the arbiters of the receipt, handling, processing and distribution of that energy with possible manipulatory correlations of Ribs 2-10 with the circulatory system, Rib 11 with the digestive system and Rib 12 with the respiratory system *(as well as what I have speculated to be the spatial dimensional other three quantum numbers of electrons)*.

In the above scenario it is likely that the manner in which I have discovered the eye is capable of directly receiving, conveying and utilizing spectral energy is not available to the organism; the action of the scapula, when creating a situation in which only four of the "pouches" associated with scaffold bones – and thus only four scaffold bones – are necessary to arrange the organism to be able to formulate an energy sufficient to operate the organism for some extended period of time before the imbalance of its functioning without all six of its scaffold bones and pouches for energy provision and weight carrying causes it to wear out, necessarily closes off the body to the manner of direct receipt of spectral energy available to it when the scapula has left the ribs free of its manipulation. It is assumed that there is received spectral energy as associated with the relevant s-orbital skull bone as this bone is involved with a given day's body bob-center bone, but the received spectral energy will be by way of the eye's processing system. I have speculated that possibly an organism begins its individual existence as offspring of forebears with their particular unbalanced manners of functioning so that at its beginning it is already set on a road toward developing its own unique default manner of unbalanced functioning away from the balanced functioning available to it. The default manner is one I have defined as that in which all the body parts and systems are pulled into adapting themselves, so to speak, to a frozen time and place in the universe rather than being free to alter to maintain their place in the movement of the universe. Probably by means of the effect of the position of the proto-scapula on the eye's structures, the earlier organisms developed the ability to arrange for a limited taking in and further processing of spectral energy so that they need only to handle a very limited range of spectral energy for their functioning and adapt their parts and systems for this limited utilization.

It is likely that the operating energy for the inevitably imbalanced organism which results from the default manner of functioning in which organisms adapt the universe to the use of their structures rather than adapting their structures to the use of the universe comes from 1) the overlaid processing system on the eye's original structure for directly receiving, conveying and utilizing spectral energy as this overlaid processing system is associated with the s-orbital skull bone, 2) the "pouch" associated with the 3rd-day bob-hook-complex-aid bone for the organism's extending body, 3) a d/f-orbital finger bone with its upper lung segment pouch and (4) a d/f-orbital thoracic vertebra/rib bone with its middle lung segment pouch. The missing scaffold bones with their pouches in this scenario are the p-orbital or Rows 4-7 d-orbital bones, when they are not serving as the 3rd-day bob-hook-complex-aid bones, and the d/f-orbital toe bone with its lower lung segment pouch.

To continue the likely scenario for the functioning of the organism based on a truncated use of its scaffold bones with their "pouches," this being a theorized scenario as explanation for my actual perceived functioning, I would say that during the earliest phase of sleep when the body is most relaxed, it is able to access the two pouches missing during its waking functioning. This access is allowed by the effect of the relaxation on the maxilla and/or mandible and the resulting release of pressure on the waking hours' storage facility for spectral energy pressure on the missing pouches which are the dentinal tubules of the tooth structures associated with the pouches' scaffold bones. This release of pressure on the dentinal tubules activates the two pouches whose products had been missing through the "day's" energy formulations and these products combine in whatever way they can with whatever the products of the other four pouches, themselves quite likely altered in some way by the relaxation, so that perhaps a more complete energy is available to the organism for some period of time during sleep. It seems possible that an organism's continued existence could depend on these recurring periods in which it, at least momentarily, has the proper complete energy, or some increment thereof, to be headed in the right direction to be able to move along a bit in, or at least toward, the gravitational stream.

What Might All of the Above Imply?

During the period of thinking and writing about the above, I had reason to refer back to a definition of the strings of String Theory as found in Brian Greene's The Fabric of the Cosmos. This resulted in the re-reading of a number of sections of his book and correlations of various areas of Greene's material to material of which I have written above, correlations which I found unavoidably there to be made.

In the footnote on Page 371, Greene writes, "… recently, some string theorists showed that the approximate equations *missed* one dimension [beyond the six that had been heretofore accepted by string theorists]; it is now accepted that the theory needs *seven* extra dimensions."

Then, on Page 373, he writes that a team of physicists "discovered that each hole – the term is used in a precisely defined mathematical sense – contained within a Calabi-Yau shape gives rise to a family of lowest-energy string vibrational patterns."

On Page 374, Greene writes, "In the universe's initial moments, these features of the spacetime fabric … would have been manifest. Early on, when the three familiar spatial dimensions were also small, there would likely have been little or no distinction between what we now call the big and the curled-up dimensions of string theory. Their current size disparity would be due to cosmological evolution, which, in a way that we don't yet understand, would have had to pick three of the spatial dimensions as special, and subject only them to the 14 billion years of expansion discussed in earlier chapters."

So then I thought of holes and six and seven extra dimensions and "size disparity being due to cosmological evolution." And it was quite easy to give names to six "holes" within the human being which possibly gave rise to six families of lowest [base]-energy string vibrational patterns, these six holes being the six air cell sets/air sinuses (ethmoid cells, sphenoid sinus, tympanic cells, maxillary sinus, mastoid cells, frontal sinus), each giving rise to a row of the Periodic Table, that is, Rows 2-7.

However, a seventh dimension had been missed in the necessity for using approximate equations until finally it was shown that the theory required it. That which gives rise to Row 8 of the Periodic Table is a different kind of hole, or hole set, inasmuch as it is the set of pores within a bone. Also, the six p-orbital structures of Row 8 break the pattern of the structures of the preceding six p-orbital portions of Periodic Table rows, and, as well, an 18 x-orbital structure portion would seem to first arise from Row 8. All of which is to suggest that if Row 8 could represent a seventh dimension, then Row 8 and the seventh dimension are probably both of a somewhat different nature than the previous six dimensions. I have speculated that the existence of the seventh dimension provides the way for allowing the emergence of the three spatial dimensions which are obvious to us.

The present work began many years ago with its initial insights segueing into what began to appear to be a numbers game such that correlations began to be made between classes of objects, usually one of which I would have derived, which curiously were of the same number. Efforts to progress in the present portion of the story concerning how the seventh dimension and Row 8 of the Periodic Table might allow for the emergence of our 3-dimensional space have often centered on numbers, particularly number 24 and the multiples which form it, 4x6, 3x8, 2x12 and 1x24. The progression of thoughts to which these efforts have led include the consideration that the 24 d- and f-orbital separated-out elements of Row 8 are the toe bones, the extremities most essential to contact with the earth. Then came the wonderment as to a possible role for the six layers of the earth, i.e. the inner and outer core, the lower and upper mantle, the aetherosphere and the lithosphere, on the formation and subsequent role of these earth-contact toe bones.

Through the on-going train of such thoughts there was the growing conviction that that which was encapsulated within separated-out structures, which are themselves pore-containing bones or soft tissue pouches associated with bones, was gravitational energy, energy which, within an optimally aligned organism in which the pressure within all structures equalized to the base-level state of

gravitational energy, could become energy of another level as the organism sank out of optimal alignment. From this standpoint, then, the 24 toe bones might be viewed as the base individualized structures containing gravitational energy which would allow there to be built an edifice of connecting gravitational-energy-containing individualized structures upon it with these latter having the option of altering the energy level of their pores by means of calling for commensurate energy-level alteration within the pores of the base toe bones. *(I would go so far as to include here the vision popping into my head of earth layers altering to some infinitesimally small degree as proposed energy level within toe bones alters.)*

The means whereby the bone edifice built upon the toe bones could exercise the option of altering the type/ level of energy within their bones is likely to be associated with the existence of the ramus of mandible. By shifting away from its mooring at the condylar process thus putting pressure on the dentinal tubules of, for example, the lower central incisor, this could allow the gravitational energy pressure within the pores of Mt 5 to be diluted (the lower central incisor is the inroad channel structure whose rifting leads to the forming/ separating out of Mt 5.) The gravitational energy pressure within Mt 5 pores would then be a lesser pressure in favor of a stronger energy pressure within the dentinal tubules. When the body lies down or relaxes and the ramus of mandible shifts back toward its mooring at the condylar process, the relaxing quantity of pressure being put on the relevant dentinal tubules of the lower central incisor can then be fed to the coronid process and the temporalis muscle fibers connected to the coronid process. The temporalis muscle fibers spreading from the coronid process out along the side of the skull above the ear can then act on the fibers of the epicranius or occipitofrontalis muscle extending from across the forehead over the eyes to all along the external occipital protuberance at the back of the skull.

If the above has validity, then it seems altogether likely that the source of the elementary forces is to be revealed in the pages of tables of the Pattern for Matter Structure Formation. These tables show the sequence for the separating, or differentiating, out of all the elements with the correlated human body parts of the Periodic Table shown on Page 1 of this work. With the possible exception of the left-most column of elements and the two at the bottom of the second column, all the other elements would seem to have the intimate relationship with one of the other elements such as described above to exist between Mt 5 and the lower central incisor.

The elementary forces are given as the gravitational, magnetic, electric, strong, and weak forces as well as a force associated with the Higgs boson as detailed by physicists, this latter force being associated with the existence of matter at all. It seems possible that the coming into existence of the differentiated structures of Row 8 of the Periodic Table from what has been proposed to have been first an undifferentiated mass of material representing a possible original seventh dimension is due to the ability of a ramus of mandible, as correlated to Element 170, to give pressure-sharing capacity to a pair of structures such that the gravitational pressure within, or associated with, a structure in contact with the earth, the 24 toe bones, can be altered as needed by means of there being a spill-over structure for each. It would seem logical then that whatever force is associated with the Higgs boson (or field or ocean), which would seem to be the force that allows particles to have the mass they have, would only be able to be assessed in its state of wholeness in an optimally aligned energy system entity. Otherwise, the Higgs boson force would always be a pronged force.

PART 2

A
Pattern
for
Matter Structure
Formation

TABLE

That which first seemed to be was an energy entity whose form is to be altered by an invading pressure gradient from an inroad into it (a proto-nasolacrimal duct) by "outside environment," with that which it conveys representing pressure of different force. Reaction to this inroad of different-force pressure appears to be formation of material structure associated with the encapsulating of the different-force pressure. The potential energy contained within the material structure will serve as compensatory complement to the different-force pressure inroad in order that the original energy entity maintain its integrity. It seems the enclosed different-force pressure inroads become ever subject to "leaking" to begin the process again.

THAT WHICH FIRST SEEMED TO BE: An **ENERGY ENTITY** of energy equivalent to Elements 1-180 with eventual correlations to the following human body structures:

FIRST INROAD to Energy Entity = Proto-NASOLACRIMAL DUCT causing to form >	**ETHMOID BONE - ETHMOID CELLS** (reference Periodic Table of Elements/Correlated Human Body Structures, Page 1)	
	Elements 1-2 (H-He) mass, >	leaving remaining original energy
Formation of Elements 1-2 mass is associated with the encapsulating of the first enclosed Inroad Channel as Element 180. This "leaks" into the Remaining Energy Entity (eventual Elements 3-179) to form a Resulting Structure (the Elements 3-10 mass) leaving the Remaining Energy Entity**.** Inroad continuance occurs through **INROAD CHANNEL** leak to form >	**Row 1 of Periodic Table =proto-ethmoid-sphenoid bone mass + effluent ensuing as altered radiation from the giving of mass with dispersal receptacle & tract as a proto-brain/nasal canal.**	entity = eventual **Elements 3 - 179** with **Element 180** encapsulated
	Note 1: To be balanced in its dimensions, the human organism would seem to require that its Inroad Channel Structure and the Resulting Structure it causes to form and the former's breath track (see text) must remain free of compression in order to assume their appropriate internal pressure during each intake/output cycle that they might correctly alter during each cycle.	
	RESULTING STRUCTURE	**REMAINING ENERGY ENTITY**
Element 180 = ethmoid cells as enclosed during formation of Elements 1-2 mass/Leaks to form>	Elements 3 - 10 (Li - Ne) mass, Row 2 = vomer bone - mandible alveolar process mass+	Elements 11 - 178 with 179 encl. = inf. nasal concha - sphenoid sinus proto-bladder system for effluent(E1)
Element 179 = sphenoid sinus as enclosed during formation of Elements 3-10 mass/Leak yields>	Elements 11 - 18 (Na - Ar) mass, Row 3 = inferior nasal concha - lower wisdom tooth mass +	Elements 19 - 177 with 178 encl. = sup. nasal con. - tympanic cells proto-armpit/sweat system for effluent(E2)
Element 178 = tympanic cells as enclosed during formation of Elements 11-18 mass / Yields >	Elements 19 - 36 (K - Kr) mass, Row 4 = superior nasal concha - lower 2nd molar mass+	Elements 37 - 176 with 177 encl. = nasal bone - maxillary sinus proto-breast/lactiferous system for effluent(E3)
Element 177 = maxillary sinus as enclosed during formation of Elements 19-36 mass / Yields >	Elements 37 - 54 (Rb - Xe) mass, Row 5 = nasal bone - lower 1st molar mass +	Elements 55 - 175 with 176 encl. = parietal bone - mastoid cells proto-anus/anal system for effluent (E4)
Element 176 = mastoid cells as enclosed during formation of Elements 37-54 mass / Yields >	Elements 55 - 86 (Cs - Rn) mass, Row 6 = parietal bone - lower 2nd pre-molar mass+	Elements 87 - 174 with 175 encl. = temporal bone - frontal sinus proto-eye's conveyance system for effluent(E5)
Element 175 = frontal sinus as enclosed during formation of Elements 55-86 mass / Yields >	Elements 87- 118 (Fr - 118) mass, Row 7 = temporal bone - lower 1st pre-molar mass +	Elements 119 -173 with 174 encl.= lacrimal bone - Mt Ss 1 proto-regenerating system for effluent (E6)
Element 174 = Mt Ss 1, perhaps a single sesamoid encl. during formation of Elements 87-118 mass / >	Elements 119 - 168 mass, Row 8 = lacrimal bone - lower central incisor mass + brain structure (*1) for effluent	Elements 169-172 with 173 encl. = body of mandible - Mc Ss 1
Element 173 = Mc Ss 1, perhaps a single sesamoid encl. during formation of Elements 119-168 mass / >	Elements 169 - 171 mass, Row 9 = body of mandible - L5 mass + brain structure (*2) for effluent	Element 172 being enclosed = Mc Ss 2
Element 172 = Mc Ss 2 as enclosed during formation of Elements 169-171 mass / Yields >	Element 170 = ramus of mandible + brain structure (*3) for effluent	Element 171 being enclosed = L5
Element 171 = L5 as enclosed during formation of Element 170 / Leaks to yield >	Element 120 = maxilla bone + brain structure (*4) for effluent	Elements 121 - 167 as undifferentiated matter mass & Element 168 being enclosed

*1-tentorium cerebelli/quadrigeminal(?) cistern/sinus; *2-falx cerebelli/cerebellomedullary(?) cistern/sinus; *3 - diaphragma sellae/interpeduncular(?) cistern/sinus; *4 - falx cerebri/chiasmatic(?) cistern/sinus

With the opening up of the Inroad Channel represented by Element 173 = Mc Ss 1, which causes the forming and separating out of the Row 9 Elements 169-172 mass, there remain no further unaltered portions of the original energy entity. When next Element 172 = Mc Ss 2 and Element 171 = L5 Inroad Channels "leak" to cause to form Resulting Structures, the structures they seem to form are Element 170 = ramus of mandible and Element 120 = maxilla bone with eventual isolation of Element 169 = body of mandible from the undifferentiated Row 9 matter mass and Element 119 = lacrimal bone from the undifferentiated Row 8 matter mass. Henceforth, a single inroad-continuance channel sending forth (or "leaking") its over-pressurized environment will have the effect of causing to form and separate a single structure from a previously undifferentiated matter mass with this single structure then having a special relationship with the next Inroad Channel being encapsulated concommitently. This relationship will perhaps be due to portions of the formed/separated out structure becoming encapsulating material of the invading environment.

INROAD CHANNEL	RESULTING STRUCTURE	REMAINING MATTER MASS
Element 168 =low. central incisor as enclosed during formation of Element 120 / "Leaks" to yield >	Element 121 = Mt 5 + possibly a proto-brain structure area (pituitary complex?) for effluent	Elements 122 - 166 & 167 encl. = Mt 2 - upper central incisor
Element 167 = up. central incisor as enclosed during formation of Element 121 / Leaks to yield >	Element 122 = Mt 2 + possibly a proto-brain structure area (colliculi complex?) for effluent	Elements 123 - 165 & 166 encl. = Mt PP5 - lower lateral incisor
Element 166 = low. lateral incisor as enclosed during formation of Element 122 / Leaks to yield >	Element 123 = Mt PP5 + possibly a proto-brain structure area (commissure complex?) for effluent	Elements 124 - 164 & 165 encl. = Mt PP2 - upper lateral incisor
Element 165 = up. lateral incisor as enclosed during formation of Element 123 / Leaks to yield >	Element 124 = Mt PP2 + possibly a proto-brain structure area (thalamus/fornix?) for effluent	Elements 125 - 163 & 164 encl. = Mt MP5 - lower canine
Element 164 = lower canine as enclosed during formation of Element 124 / Leaks to yield >	Element 125 = Mt MP5 + possibly a proto-brain structure area (bodies/nuclei?) for effluent	Elements 126 - 162 & 163 encl. = Mt MP2 - upper canine
Element 163 = upper canine as enclosed during formation of Element 125 / Leaks to yield >	Element 126 = Mt MP2 + possibly a proto-brain structure area (basal ganglia?) for effluent	Elements 127 - 161 & 162 encl. = Mt DP5 - RLS 10
Element 162 = RLS 10 as enclosed during formation of Element 126 / Leaks to yield >	Element 127 = Mt DP5 + alveoli system of 1st of 4th order sub-segmental bronchi for effluent	Elements 128 - 160 & 161 encl. = Mt DP2 - LLS 10
Element 161 = LLS 10 as enclosed during formation of Element 127 / Leaks to yield >	Element 128 = Mt DP2 + alveoli system as for Element 127 above for effluent	Elements 129 - 159 & 160 encl. = Mt 4 - RLS 9
Element 160 = RLS 9 as enclosed during formation of Element 128 / Leaks to yield >	Element 129 = Mt 4 + alveoli system as for Element 127 above for effluent	Elements 130 - 158 & 159 encl. = navicular - LLS 9
Element 159 =LLS 9 as enclosed during formation of Element 129 / Leaks to yield >	Element 130 = navicular + alveoli system as for Element 127 above for effluent	Elements 131 - 157 & 158 encl. = Mt PP4 - RLS 8
Element 158 = RLS 8 as enclosed during formation of Element 130 / Leaks to yield >	Element 131 = Mt PP4 + alveoli system as for Element 127 above for effluent	Elements 132 - 156 & 157 encl. = cuneiform intermediate - LLS 7+ 8
Element 157 = LLS 7+ 8 as enclosed during formation of Element 131 / Leaks to yield >	Element 132 = cuneiform inter-mediate + as for Element 127 above for effluent	Elements 133 - 155 & 156 encl. = Mt MP4 - RLS 7
Element 156 = RLS 7 as enclosed during formation of Element 132 / Leaks to yield >	Element 133 = Mt MP4 + alveoli system as for Element 127 above for effluent	Elements 134 - 154 & 155 encl. = cuneiform lateral - RLS 6
Element 155 = RLS 6 as enclosed during formation of Element 133 / Leaks to yield >	Element 134 = cuneiform lateral + alveoli system as for Element 127 above for effluent	Elements 135 - 153 & 154 encl. = Mt DP4 - LLS 6

INROAD CHANNEL	RESULTING STRUCTURE	REMAINING MATTER MASS
Element 154 = LLS 6 as enclosed during formation of Element 134 / "Leaks" to yield >	Element 135 = Mt DP4 + alveoli system as for Element 127 above for effluent (see previous page)	Elements 136 - 152 & 153 encl. = cuboid - RLS 5
Element 153 = RLS 5 as enclosed during formation of Element 135 / Leaks to yield >	Element 136 = cuboid + alveoli system as for Element 127 above for effluent	Elements 137 - 151 & 152 encl. = Mt 3 - LLS 5
Element 152 = LLS 5 as enclosed during formation of Element 136 / Leaks to yield >	Element 137 = Mt 3 + alveoli system as for Element 127 above for effluent	Elements 138 -150 & 151 encl. = cuneiform medial - RLS 4
Element 151 = RLS 4 as enclosed during formation of Element 137 / Leaks to yield >	Element 138 = cuneiform medial + alveoli system as for Element 127 above for effluent	Elements 139 - 149 & 150 encl. = Mt PP3 - LLS 4
Element 150 = LLS 4 as enclosed during formation of Element 138 / Leaks to yield >	Element 139 = Mt PP3 + alveoli system as for Element 127 above for effluent	Elements 140 - 148 & 149 encl. = Mt 1 - RLS 3
Element 149 = RLS 3 as enclosed during formation of Element 139 / Leaks to yield >	Element 140 = Mt 1 + alveoli system as for Element 127 above for effluent	Elements 141 - 147 & 148 encl. = Mt MP3 - LLS 3
Element 148 = LLS 3 as enclosed during formation of Element 140 / Leaks to yield >	Element 141 = Mt MP3 + alveoli system as for Element 127 above for effluent	Elements 142 - 146 & 147 encl. = Mt PP1 - RLS 2
Element 147 = RLS 2 as enclosed during formation of Element 141 / Leaks to yield >	Element 142 = Mt PP1 + alveoli system as for Element 127 above for effluent	Elements 143 - 145 & 146 encl. = Mt DP3 - LLS 1 + 2
Element 146 = LLS 1 + 2 as enclosed during formation of Element 142 / Leaks to yield >	Element 143 = Mt DP3 + alveoli system as for Element 127 above for effluent	Element 144 with 145 being enclosed = Mt DP1 - RLS 1
Element 145 = RLS 1 as enclosed during formation of Element 143 / Leaks to yield >	Element 144 = Mt DP1 + alveoli system as for Element 127 above for effluent	Elements 89 - 117 as undifferentiated matter mass & Element 118 being enclosed
After the p-orbital Elements 118-113 (lower 1st pre-molar - fibula) are enclosed to become Inroad Channels and Element 113 = fibula has "leaked" to cause more Resulting Structure, the ensuing Inroad Channels appear to be additional bronchial tracts to lung segments, Elements 162' - 145'.		
Element 118 = lower 1st pre-molar as enclosed during formation of Element 144 / Leaks to yield >	Element 89 = T1 + adapted proto-regenerating system for effluent (E6)	Elements 90 -116 & 117 encl. = rib 1 - upper 1st pre-molar
Element 117 = upper 1st pre-molar as enclosed during formation of Element 89 / Leaks to yield >	Element 90 = rib 1 + adapted proto-eye conveyance system for effluent (E5)	Elements 91 - 115 & 116 encl. = T2 - talus
Element 116 = talus as enclosed during formation of Element 90 / Leaks to yield >	Element 91 = T2 + adapted proto-anus/anal system for effluent (E4)	Elements 92 - 114 & 115 encl. = rib 2 - calcaneus
Element 115 = calcaneus as enclosed during formation of Element 91 / Leaks to yield >	Element 92 = rib 2 + adapted proto-breast/lactiferous system for effluent (E3)	Elements 93 - 113 & 114 encl. = T3 - patella
Element 114 = patella as enclosed during formation of Element 92 / Leaks to yield >	Element 93 = T3 + adapted proto-armpit/sweat system for effluent (E2)	Elements 94 - 162' & 113 encl. = rib 3 - fibula
Element 113 = fibula as enclosed during formation of Element 93 / Leaks to yield >	Element 94 = rib 3 + adapted proto-bladder system for effluent (E1)	Elements 95 - 161' & 162' encl. = T4 - RLS 10'
Element 162' = RLS 10' as enclosed during formation of Element 94 / Leaks to yield >	Element 95 = T4 + alveoli system of 2nd of 4th order sub-segmental bronchi for effluent	Elements 96 - 160' & 161' encl. = rib 4 - LLS 10'

INROAD CHANNEL	RESULTING STRUCTURE	REMAINING MATTER MASS
Element 161' = LLS 10' as enclosed during formation of Element 95 / "Leaks" to yield >	Element 96 = rib 4 + alveoli system as for Element 95 above for effluent (bottom previous page)	Elements 97 - 159' & 160' encl. = T5 - RLS 9'
Element 160' = RLS 9' as enclosed during formation of Element 96 / Leaks to yield >	Element 97 = T5 + alveoli system as for Element 95 above for effluent	Elements 98 - 158' & 159' encl. = rib 5 - LLS 9'
Element 159' = LLS 9' as enclosed during formation of Element 97 / Leaks to yield >	Element 98 = rib 5 + alveoli system as for Element 95 above for effluent	Elements 99 - 157' & 158' encl. = T6 - RLS 8'
Element 158' = RLS 8' as enclosed during formation of Element 98 / Leaks to yield >	Element 99 = T6 + alveoli system as for Element 95 above for effluent	Elements 100 - 156' & 157' encl. = rib 6 - LLS 7+ 8'
Element 157' = LLS 7+ 8' as enclosed during formation of Element 99 / Leaks to yield >	Element 100 = rib 6 + alveoli system as for Element 95 above for effluent	Elements 101 - 155' & 156' encl. = T7 - RLS 7'
Element 156' = RLS 7' as enclosed during formation of Element 100 / Leaks to yield >	Element 101 = T7 + alveoli system as for Element 95 above for effluent	Elements 102 - 154' & 155' encl. = rib 7 - RLS 6'
Element 155' = RLS 6' as enclosed during formation of Element 101 / Leaks to yield >	Element 102 = rib 7 + alveoli system as for Element 95 above for effluent	Elements 103 - 153' & 154' encl. = T8 - LLS 6'
Element 154' = LLS 6' as enclosed during formation of Element 102 / Leaks to yield >	Element 103 = T8 + alveoli system as for Element 95 above for effluent	Elements 104 - 152' & 153' encl. = rib 8 - RLS 5'
Element 153' = RLS 5' as enclosed during formation of Element 103 / Leaks to yield >	Element 104 = rib 8 + alveoli system as for Element 95 above for effluent	Elements 105 - 151' & 152' encl. = T9 - LLS 5'
Element 152' = LLS 5' as enclosed during formation of Element 104 / Leaks to yield >	Element 105 = T9 + alveoli system as for Element 95 above for effluent	Elements 106 - 150' & 151' encl. = rib 9 - RLS 4'
Element 151' = RLS 4' as enclosed during formation of Element 105 / Leaks to yield >	Element 106 = rib 9 + alveoli system as for Element 95 above for effluent	Elements 107 - 149' & 150' encl. = T10 - LLS 4'
Element 150' = LLS 4' as enclosed during formation of Element 106 / Leaks to yield >	Element 107 = T10 + alveoli system as for Element 95 above for effluent	Elements 108 - 148' & 149' encl. = rib 10 - RLS 3'
Element 149' = RLS 3' as enclosed during formation of Element 107 / Leaks to yield >	Element 108 = rib 10 + alveoli system as for Element 95 above for effluent	Elements 109 - 147' & 148' encl. = T11 - LLS 3'
Element 148' = LLS 3' as enclosed during formation of Element 108 / Leaks to yield >	Element 109 = T11 + alveoli system as for Element 95 above for effluent	Elements 110 - 146' & 147' encl. = rib 11 - RLS 2'
Element 147' = RLS 2' as enclosed during formation of Element 109 / Leaks to yield >	Element 110 = rib 11 + alveoli system as for Element 95 above for effluent	Elements 111 - 145' & 146' encl. = T12 - LLS 1 + 2'
Element 146' = LLS 1 + 2' as enclosed during formation of Element 110 / Leaks to yield >	Element 111 = T12 + alveoli system as for Element 95 above for effluent	Element 112 with 145' being enclosed = rib 12 & RLS 1'
Element 145' = RLS 1' as enclosed during formation of Element 111 / Leaks to yield >	Element 112 = rib 12 + alveoli system as for Element 95 above for effluent	Elements 57 - 85 as undifferentiated matter mass & Element 86 being enclosed
As seen next, after the next set of p-orbital Elements 86-81 (lower 2nd pre-molar - stapes) have enclosed as Inroad Channels and Element 81 = stapes has "leaked" to cause more Resulting Structure, ensuing Inroad Channels form as a further set of bronchial tracts, Elements 162"- 145".		

INROAD CHANNEL	RESULTING STRUCTURE	REMAINING MATTER MASS
Element 86 = lower 2nd pre-molar as enclosed during formation of Element 112 / "Leaks" to yield >	Element 57 = Mc 5 + adapted proto-regenerating system for effluent (E6)	Elements 58 - 84 & 85 encl. = Mc 2 - upper 2nd pre-molar
Element 85 = upper 2nd pre-molar as enclosed during formation of Element 57 / Leaks to yield >	Element 58 = Mc 2 + adapted proto-eye conveyance system for effluent (E5)	Elements 59 - 83 & 84 encl. = Mc PP5 - tibia
Element 84 = tibia as enclosed during formation of Element 58 / Leaks to yield >	Element 59 = Mc PP5 + adapted proto-anus/anal system for effluent (E4)	Elements 60 - 82 & 83 encl. = Mc PP2 - femur
Element 83 = femur as enclosed during formation of Element 59 / Leaks to yield >	Element 60 = Mc PP2 + adapted proto-breast/lactiferous system for effluent (E3)	Elements 61 - 81 & 82 encl. = Mc MP5 - hyoid
Element 82 = hyoid as enclosed during formation of Element 60 / Leaks to yield >	Element 61 = Mc MP5 + adapted proto-armpit/sweat system for effluent (E2)	Elements 62 - 80 & 81 encl. = Mc MP2 - stapes
Element 81 = stapes as enclosed during formation of Element 61 / Leaks to yield >	Element 62 = Mc MP2 + adapted proto-bladder system for effluent (E1)	Elements 63 - 79 & 162'' encl. = Mc DP5 - RLS 10''
Element 162'' = RLS 10'' as enclosed during formation of Element 62 / Leaks to yield >	Element 63 = Mc DP5 + alveoli system of 3rd of 4th order sub-segmental bronchi for effluent	Elements 64 - 160'' & 161'' encl. = Mc DP2 - LLS 10''
Element 161'' = LLS 10'' as enclosed during formation of Element 63 / Leaks to yield >	Element 64 = Mc DP2 + alveoli system as for Element 63 above for effluent	Elements 65 - 159'' & 160'' encl. = Mc 4 - RLS 9''
Element 160'' = RLS 9'' as enclosed during formation of Element 64 / Leaks to yield >	Element 65 = Mc 4 + alveoli system as for Element 63 above for effluent	Elements 66 - 158'' & 159'' encl. = scaphoid - LLS 9''
Element 159'' = LLS 9'' as enclosed during formation of Element 65 / Leaks to yield >	Element 66 = scaphoid + alveoli system as for Element 63 above for effluent	Elements 67 - 157'' & 158'' encl. = Mc PP4 - RLS 8''
Element 158'' = RLS 8'' as enclosed during formation of Element 66 / Leaks to yield >	Element 67 = Mc PP4 + alveoli system as for Element 63 above for effluent	Elements 68 - 156'' & 157'' encl. = trapezoid - LLS 7+8''
Element 157'' = LLS 7+8'' as enclosed during formation of Element 67 / Leaks to yield >	Element 68 = trapezoid + alveoli system as for Element 63 above for effluent	Elements 69 - 155'' & 156'' encl. = Mc MP4 - RLS 7''
Element 156'' = RLS 7'' as enclosed during formation of Element 68 / Leaks to yield >	Element 69 = Mc MP4 + alveoli system as for Element 63 above for effluent	Elements 70 - 154'' & 155'' encl. = capitate - RLS 6''
Element 155'' = RLS 6'' as enclosed during formation of Element 69 / Leaks to yield >	Element 70 = capitate + alveoli system as for Element 63 above for effluent	Elements 71 - 153'' & 154'' encl. = Mc DP4 - LLS 6''
Element 154'' = LLS 6'' as enclosed during formation of Element 70 / Leaks to yield >	Element 71 = Mc DP4 + alveoli system as for Element 63 above for effluent	Elements 72 - 152'' & 153'' encl. = hamate - RLS 5''
Element 153'' = RLS 5'' as enclosed during formation of Element 71 / Leaks to yield >	Element 72 = hamate + alveoli system as for Element 63 above for effluent	Elements 73 - 151'' & 152'' encl. = Mc 3 - LLS 5''
Element 152'' = LLS 5'' as enclosed during formation of Element 72 / Leaks to yield >	Element 73 = Mc 3 + alveoli system as for Element 63 above for effluent	Elements 74 - 150'' & 151'' encl. = trapezium - RLS 4''
Element 151'' = RLS 4'' as enclosed during formation of Element 73 / Leaks to yield >	Element 74 = trapezium + alveoli system as for Element 63 above for effluent	Elements 75 - 149'' & 150'' encl. = Mc PP3 - LLS 4''

INROAD CHANNEL	RESULTING STRUCTURE	REMAINING MATTER MASS
Element 150" = LLS 4" as enclosed during formation of Element 74 / "Leaks" to yield >	Element 75 = Mc PP3 + alveoli system as for Element 63 above for effluent (see previous page)	Elements 76 - 148" & 149" encl. = Mc 1 - RLS 3"
Element 149" = RLS 3" as enclosed during formation of Element 75 / Leaks to yield >	Element 76 = Mc 1 + alveoli system as for Element 63 above for effluent	Elements 77 - 147" & 148" encl. = Mc MP3 - LLS 3"
Element 148" = LLS 3" as enclosed during formation of Element 76 / Leaks to yield >	Element 77 = Mc MP3 + alveoli system as for Element 63 above for effluent	Elements 78 - 146" & 147" encl. = Mc PP1 - RLS 2"
Element 147" = RLS 2" as enclosed during formation of Element 77 / Leaks to yield >	Element 78 = Mc PP1 + alveoli system as for Element 63 above for effluent	Elements 79 - 145" & 146" encl. = Mc DP3 - LLS 1+2"
Element 146" = LLS 1+2" as enclosed during formation of Element 78 / Leaks to yield >	Element 79 = Mc DP3 + alveoli system as for Element 63 above for effluent	Element 80 with 145" being enclosed = Mc DP1 & RLS 1"
Element 145" = RLS 1" as enclosed during formation of Element 79 / Leaks to yield >	Element 80 = Mc DP1 + alveoli system as for Element 63 above for effluent	Elements 39 - 53 as undifferentiated matter mass & Element 54 being enclosed
The process for differentiating elements of Rows 8,7,6 contines for Rows 5 & 4. However, when the p-orbital boundary is reached, "leakage" goes to the last undifferentiated s-orbital masses to separate out structure enclosing as Inroad Channels the last 4 d-orbital elements of Rows 5 & 4.		
Element 54 = lower 1st molar as enclosed during formation of Element 80 / Leaks to yield >	Element 39 = S1 + adapted proto-regenerating system for effluent (E6)	Elements 40 - 52 & 53 encl. = C7 - upper 1st molar
Element 53 = upper 1st molar as enclosed during formation of Element 39 / Leaks to yield >	Element 40 = C7 + adapted proto-eye conveyance system for effluent (E5)	Elements 41 - 51 & 52 encl. = Cx 1 - pelvic hip
Element 52 = pelvic hip as enclosed during formation of Element 40 / Leaks to yield >	Element 41 = Cx 1 + adapted proto-anus/anal system for effluent (E4)	Elements 42 - 50 & 51 encl. = Cx 2 - upper hip
Element 51 = upper hip as enclosed during formation of Element 41 / Leaks to yield >	Element 42 = Cx 2 + adapted proto-breast/lactiferous system for effluent (E3)	Elements 43 - 49 & 50 encl. = Cx 3 - incus
Element 50 = incus as enclosed during formation of Element 42 / Leaks to yield >	Element 43 = Cx 3 + adapted proto-armpit/sweat system for effluent (E2)	Elements 44 - 48 & 49 encl. = Cx 4 - malleus
Element 49 = malleus as enclosed during formation of Element 43 / Leaks to yield >	Element 44 = Cx 4 + adapted proto-bladder system for effluent (E1)	Elements 88, 56, 38, 20 & 45 - 47 as undifferentiated matter masses & Element 48 being enclosed
It is speculated the effluent channels for the s-orbital elements separated out by "leakage" from the end-of-Rows 5 & 4 d-orbital Inroad Channels are elaborations of the repeating series of adapted effluent channels heretofore developed to serve structure formed by the p-orbital Inroad Channels.		
Element 48 = L4 as enclosed during formation of Element 44 / Leaks to yield >	Elem. 88 = zygomatic b. overseeing CN 11-12 "pouch" + proto-nerve sets for proto-nervous system to E6	Elements 56, 38, 20, 45 - 46 & 47 encl.=occipital, frontal bones, highest nasal concha, L1 - L2 & L3
Element 47 = L3 as enclosed during formation of Element 88 / Leaks to yield >	Elem. 56 = occipital b. overseeing CN 9-10 "pouch"+ proto-ventricles, brain > pro.-reproductive sys. to E5	Elements 38, 20, 45 & 46 encl. = frontal bone, highest nasal concha, L1 & L2
Element 46 = L2 as enclosed during formation of Element 56 / Leaks to yield >	Elem. 38 = frontal bone overseeing CN 7-8 "pouch" + proto-liver for proto-immune system to Effluent E4	Element 20 with 45 being enclosed = highest nasal concha & L1
Element 45 = L1 as enclosed during formation of Element 38 / Leaks to yield >	Elem. 20 = highest nasal concha over CN 5-6 "pouch" + proto-duodenum for proto-digestive sys.to E3	Elements 21 - 35 as undifferentiated matter mass & Element 36 being enclosed

INROAD CHANNEL	RESULTING STRUCTURE	REMAINING MATTER MASS
Element 36 = lower 2nd molar as enclosed during formation of Element 20 / "Leaks" to yield >	Element 21 = C1 + adapted proto-regenerating system for effluent (E6)	Elements 22 - 34 & 35 encl. = C2 - upper 2nd molar
Element 35 = upper 2nd molar as enclosed during formation of Element 21 / Leaks to yield >	Element 22 = C2 + adapted proto-eye conveyance system for effluent (E5)	Elements 23 - 33 & 34 encl. = C3 - lunate
Element 34 = lunate as enclosed during formation of Element 22 / Leaks to yield >	Element 23 = C3 + adapted proto-anus/anal system for effluent (E4)	Elements 24 - 32 & 33 encl. = C4 - hook of hamate
Element 33 = hook of hamate as enclosed during formation of Element 23 / Leaks to yield >	Element 24 = C4 + adapted proto-breast/lactiferous system for effluent (E3)	Elements 25 - 31 & 32 encl. = S5 - pisiform
Element 32 = pisiform as enclosed during formation of Element 24 / Leaks to yield >	Element 25 = S5 + adapted proto-armpit/sweat system for effluent (E2)	Elements 26 - 30 & 31 encl. = S4 - triquetrum
Element 31 = triquetrum as enclosed during formation of Element 25 / Leaks to yield >	Element 26 = S4 + adapted proto-bladder system for effluent (E1)	Elements 12, 4, 2, 1 & 27 - 29 as undifferentiated matter masses & Element 30 being enclosed
Element 30 = C6 as enclosed during formation of Element 26 / Leaks to yield >	Elem.12=middle nasal concha over-seeing CN 3-4 "pouch" + proto-gall-bladder for pro.-circulatory sys.to E2	Elements 4, 2, 1, 27 - 28 & 29 encl. = palatine, sphenoid, ethmoid bones, S3 - C5 & S2
Element 29 = S2 as enclosed during formation of Element 12 / Leaks to yield >	Elem. 4 = palatine bone overseeing CN 1-2 "pouch" with proto-kidney for proto-respiratory system to E1	Elements 2, 1, 27 & 28 encl. = sphenoid bone, ethmoid bone, S3 & C5
Element 28 = C5 as enclosed during formation of Element 4 / Leaks to yield >	Elem. 2 = sphenoid b. overseeing cerebellum "pouch" to be layered + adapted nasal tract for effluent	Element 1 with 27 being enclosed = ethmoid bone & S3
Element 27 = S3 as enclosed during formation of Element 2 / Leaks to yield >	Elem. 1 = ethmoid bone overseeing cerebrum "pouch" to be parti-tioned + hyaloid canal for effluent	Elements 13 - 17 as undifferentiated matter mass & Element 18 being enclosed

S3 "leaks" and the premier bone for aligning capacity, the ethmoid, apparently becomes responsible for isolating the leakage. The manner in which it does this, in conjunction with enclosing the next Inroad Channel, Element 18, lower wisdom tooth, would seem to be to form a membranous, eventually to be compartmentalized, "pouch." That which has been occurring to cause the formation and differentiation of the structures of this entire table is assumed to be along the line of the interaction of radiation from an expanding sun, in whatever form it takes, with another level/type of energy where earth is forming. It is speculated that as the level of radiation from the expanding sun increases causing always again "leakage" from the most recently formed Inroad Channel, and the forming of the structure required for enclosing this leakage devolves finally on what will become the s-orbital elements of the first column of the Periodic Table, it is characteristic of these s-orbital elements to be associated with the forming of a set of "pouches." Earlier formed, but now newly re-fashioned, the Inroad Channels which the set of pouches are involved in bringing forth can now play their role, as responders to forms of radiation as intaken outside environment, of causing there to be formed, presumably with involvement of the pouches, processable, storable, directable substances as substitute for the direct effect of spectral energy. This expands the ability of an organism to adjust itself to accord with incremental re-location away from its originating location (in this universe) that will always occur when “attached” to an earth that is at first accreting while revolving around the source of the radiation – but ultimately, as well, the capacity of an organism to move independently away from its originating location on an earth that has come to rotate.

It is speculated that as incipient capacity for intricate, extra-dimensional movement away from originating location progresses toward actuality during this 3rd time through the Periodic Table, there is developing in conjunction with the formation of an overseeing cerebellum "pouch," also proto-DNA-making apparatus as the notating method to show originating location history (perhaps back to departure from gravitational flow?) with this history perhaps eventually to be constantly updated as there come to be needed-to-be-notated coordinates of no-longer-simple movement away from the end-point**,** the **(continued on next page)**

(continued from previous page) originating location history. This is to be followed at the necessary time by the formation of a cerebrum pouch to oversee developing proto-RNA-making apparatus to set in motion alterations to the organism which will aid its functioning in its changed location. Finally, there follows cranial nerve pouch formation to oversee developing proto-protein-making apparatus for forming proteins necessary to the formation of the altered structure to be used for functioning in the changed location.

INSTIGATING CHANNEL	RESULTING STRUCTURE	REMAINING MATTER MASS
Element 18 = lower wisdon tooth, enclosed in forming ethmoid bone cerebrum "pouch">Energy Level 1>	Element 1 = ethmoid b. overseeing 1st cerebrum partition with 1st layering of cerebellum "pouch." Eff. 6	Elements 13 - 16 & 17 encl. = scapula - upper wisdom tooth
Element 17 = upper wisdom tooth, enclosed in forming 1st ethmoid b. cerebrum partition>Energy Level 2>	Element 1 = ethmoid b. overseeing 2nd cerebrum partition with 2nd layering of cerebellum "pouch." Eff. 5	Elements 13 - 15 & 16 encl. = scapula - ulna
Element 16 = ulna as enclosed in forming 2nd ethmoid bone cerebrum partition>Energy Level 3>	Element 1 = ethmoid b. overseeing 3rd cerebrum partition with 3rd layering of cerebellum "pouch." Eff. 4	Elements 13 - 14 & 15 encl. = scapula - radius
Element 15 = radius as enclosed in forming 3rd ethmoid bone cerebrum partition>Energy Level 4>	Element 1 = ethmoid b. overseeing 4th cerebrum partition with 4th layering of cerebellum "pouch." Eff. 3	Element 13 with 14 encl. = scapula & humerus
Element 14 = humerus as enclosed in forming 4th ethmoid bone cerebrum partition>Energy Level 5>	Element 1 = ethmoid b. overseeing 5th cerebrum partition with 5th layering of cerebellum "pouch." Eff. 2	Element 13 being enclosed = scapula
Element 13 = scapula as enclosed in forming 5th ethmoid bone cerebrum partition>Energy Level 6>	Element 1 = ethmoid b. overseeing 6th cerebrum partition with 6th layering of cerebellum "pouch." Eff. 1	Element 5 being enclosed from 6 - 10 = xiphoid process - mandible alveolar process

ABBREVIATIONS

1. > = this/&/as/for/to **2.** ad., adp.=adapted **3.** a.f.d.f.o.=as formed during fashioning of **4.** app.=apparatus **5.** b.=bone **6.** C=cervical vertebra **7.** CN, C.N.=cranial nerve **8.** Cx=coccygeal **9.** dev.=development **10.** DP = distal phalanx **11.** E, ef., eff.= effluent **12.** El.= Element **13.** encl.= enclosed **14.** gl. = gland **15.** h. = hamate **16.** inf. = inferior **17.** inf. n. c. or con. = inferior nasal concha **18.** L= lumbar vertebra **19.** LLS = left lung segment **20.** low.= lower **21.** low. 1st or 2nd m. = lower 1st or 2nd molar **22.** low.1st or 2nd pre-m.= lower 1st or 2nd pre-molar **23.** low. wis. t.= lower wisdom tooth **24.** man. alv. proc. = mandible alveolar process **25.** max. alv. proc. = maxilla alveolar process **26.** Mc = metacarpal **27.** Mc Ss 1 or 2 = metacarpal sesamoid 1 or 2 **28.** MP = middle phalanx **29.** Mt = metatarsal **30.** Mt Ss 1 = metatarsal sesamoid 1 **31.** pro. = proto **32.** proc. = process **33.** PP = proximal phalanx **34.** RLS = right lung segment **35.** S = sacral vertebra **36.** Ss=seamoid **37.** sup.n.c. or con.= superior nasal concha **38.** sys.=system **39.** T=thoracic vertebra **40.** up.=upper **41.** up. 1st or 2nd m. or pre-m. = upper 1st or 2nd molar or pre-molar **42.** up. wis. t. = upper wisdom tooth

Element 5 = xiphoid proc.as formed during fashioning of (a.f.d.f.o.) 6th ethoid b. partition. "Leaks" to yield >	Element 3 = vomer b. over dev. of Gyrus 1 with bone marrow dev. Effluent>respiratory sys. to bladder	Element 6 being enclosed from 7 - 10 = sternum - mandible alveolar process
Element 6 = sternum a.f.d.f.o. Gyrus 1 / bone marrow under aegis of vomer bone. Leaks to yield>	Element 3 = vomer b. over dev. of Gyrus 2 with carotid artery dev. Eff.>circulatory sys.> sweat glands	Element 7 being enclosed from 8 - 10 = manubrium - mandible alveolar process
Element 7 = manubrium a.f.d.f.o. Gyrus 2 / carotid artery under aegis of vomer bone. Leaks to yield>	Element 3 = vomer b. over dev. of Gyrus 3 with pineal gland dev. Eff.>digestive sys.>lactiferous ducts	Element 8 being enclosed from 9 - 10 = clavicle - mandible alveolar process
Element 8 = clavicle a.f.d.f.o. Gyrus 3 / pineal gland under aegis of vomer bone. Leaks to yield>	Element 3 = vomer b. over dev. of Gyrus 4 with DNA-making app. dev. Effluent > immune system to anus	Element 9 being enclosed from 10 = maxilla & mandible alveolar process
Element 9=max.alv.proc. a.f.d.f.o. Gyrus 4 / DNA-making app. under aegis of vomer b. Leaks to yield>	Element 3 = vomer b. over dev. of C.N. I with RNA-making app. dev. Eff.>reproductive sys. to eye app.	Element 10 being enclosed = mandible alveolar process
Element 10=man.alv.proc. a.f.d.f.o. C.N. I / RNA-making app. under aegis of vomer b. Leaks to yield>	Element 3 = vomer b. over dev. of C.N. II with protein-making app.dev. Ef.>nervous sys.>regeneration app.	Adapting Element 13 + 14 - 18 = scapula - lower wisdom tooth

INSTIGATING CHANNEL	RESULTING STRUCTURE	RESULTING ADAPTATION
Element 13 = adp. scapula a.f.d.f.o. C.N. II / protein-making app. under aegis of vomer b. "Leaks" to yield>	Element 11 = inf.n.c. over dev. of Gyrus 5 with thoracic duct dev. Effluent>respiratory sys. to bladder	Adapting Element 14 + 15 - 18 = humerus - lower wisdom tooth
Element 14 =adp. humerus a.f.d.f.o. Gyrus 5 / thoracic duct under aegis of inf.nasal concha. Leaks to yield>	Element 11 = inf.n.c. over dev. of Gyrus 6 with parathyroid gland dev. Eff.>circulatory sys.> sweat glands	Adapting Element 15 + 16 - 18 = radius - lower wisdom tooth
Element 15 = adp. radius a.f.d.f.o. Gyrus 6 / parathyroids under aegis of inf.nasal concha. Leaks to yield>	Element 11 = inf.n.c. over dev. of Gyrus 7 with thyroid gland dev. Eff.>digestive sys.>lactiferous ducts	Adapting Element 16 + 17 - 18 = ulna - lower wisdom tooth
Element 16 = adp. ulna a.f.d.f.o. Gyrus 7 / thyroid gland under aegis of inf.nasal concha. Leaks to yield>	Element 11 = inf.n.c. over dev. of Gyrus 8 with DNA-making app. Effluent > immune system to anus	Adapting Element 17 + 18 = upper & lower wisdom teeth
Element 17=adp. up.wis.t. a.f.d.f.o. Gyrus 8 / DNA-making app. under aegis of inf.n.con. Leaks to yield>	Element 11 = inf.n.c. over dev. of C.N. III with RNA-making app. Eff.>reproductive sys. to eye app.	Adapting Element 18 = lower wisdom tooth
Element 18=adp. low.wis.t. a.f.d.f.o. C.N. III / RNA-making app. under aegis of inf.n.con. Leaks to yield>	Element 11 = inf.n.c. over dev. of C.N. IV with protein-making app. Ef.>nervous sys.>regeneration app.	Adapting Element 31 + 32 - 36 = triquetrum - lower 2nd molar
Element 31=adp.triquetrum a.f.d.f.o. C.N. IV / protein-making app. under aegis of inf.n.con. Leaks to yield>	Element 19 = sup.n.c. over dev. of Gyrus 9 with Peyer's patches dev. Effluent>respiratory sys. to bladder	Adapting Element 32 + 33 - 36 = pisiform - lower 2nd molar
Element 32 = adp. pisiform a.f.d.f.o. Gyrus 9 / Peyer's patches under aegis of sup.n.con. Leaks to yield>	Element 19 = sup.n.c. over dev. of Gyrus 10 with abdominal aorta dev. Eff.>circulatory sys.> sweat glands	Adapting Element 33 + 34 - 36 = hook of hamate - lower 2nd molar
Element 33=ad. hook of h. a.f.d.f.o. Gyrus 10 / abdominal aorta under aegis of sup.n.con. Leaks to yield>	Element 19 = sup.n.c. over dev. of Gyrus 11 with pyloric gland dev. Eff.>digestive sys.>lactiferous ducts	Adapting Element 34 + 35 - 36 = lunate - lower 2nd molar
Element 34 = adp. lunate a.f.d.f.o. Gyrus 11 / pyloric gland under aegis of sup.n.con. Leaks to yield>	Element 19 = sup.n.c. over dev. of Gyrus 12 with DNA-making app. Effluent > immune system to anus	Adapting Element 35 + 36 = upper & lower 2nd molars
Element 35=ad. up.2nd m. a.f.d.f.o. Gyrus 12 / DNA-making app. under aegis of sup.n.con. Leaks to yield>	Element 19 = sup.n.c. over dev. of C.N. V with RNA-making app. Eff.>reproductive sys. to eye app.	Adapting Element 36 = lower 2nd molar
Element 36=ad.low.2nd m. a.f.d.f.o. C.N. V / RNA-making app. under aegis of sup.n.con. Leaks to yield>	Element 19 = sup.n.c. over dev. of C.N. VI with protein-making app. Ef.>nervous sys.>regeneration app.	Adapting Element 49 + 50 - 54 = malleus - lower 1st molar
Element 49 = adp. malleus a.f.d.f.o. C.N. VI / protein-making app. under aegis of sup.n.con. Leaks to yield>	Element 37 = nasal b. over dev. of Gyrus 13 with spleen development. Effluent>respiratory sys. to bladder	Adapting Element 50 + 51 - 54 = incus - lower 1st molar
Element 50 = adp. incus a.f.d.f.o. Gyrus 13 / spleen under aegis of nasal bone. Leaks to yield>	Element 37 = nasal b. over dev. of Gyrus 14 with subclavian artery dev. Eff.>circulatory sys.> sweat glands	Adapting Element 51 + 52 - 54 = upper hip - lower 1st molar
Element 51=adp. upper hip a.f.d.f.o. Gyrus 14 / subclavian artery under aegis of nasal b. Leaks to yield>	Element 37 = nasal b. over dev. of Gyrus 15 with pancreas dev. Eff.>digestive sys.>lactiferous ducts	Adapting Element 52 + 53 - 54 = pelvic hip - lower 1st molar
Element 52=adp. pelvic hip a.f.d.f.o. Gyrus 15 / pancreas under aegis of nasal bone. Leaks to yield>	Element 37 = nasal b. over dev. of Gyrus 16 with DNA-making app. Effluent > immune system to anus	Adapting Element 53 + 54 = upper & lower 1st molars
Element 53=ad. up.1st m. a.f.d.f.o. Gyrus 16 / DNA-making app. under aegis of nasal b. Leaks to yield>	Element 37 = nasal b. over dev. of C.N. VII with RNA-making app. Eff.>reproductive sys. to eye app.	Adapting Element 54 = lower 1st molar
Element 54=ad. low.1st m. a.f.d.f.o. C.N. VII / RNA-making app. under aegis of nasal b. Leaks to yield>	Element 37 = nasal b. over dev. of C.N. VIII with protein-making app. Ef.>nervous sys.>regeneration app.	Adapting Element 81 + 82 - 86 = stapes - lower 2nd pre-molar

INSTIGATING CHANNEL	RESULTING STRUCTURE	RESULTING ADAPTATION
Element 81 = adp. stapes a.f.d.f.o. C.N. VIII/protein-making app. under aegis of nasal b. "Leaks" to yield>	Element 55=parietal b. over dev. of Gyrus 17 with thymus gland dev. Effluent>respiratory sys. to bladder	Adapting Element 82 + 83 - 86 = hyoid - lower 2nd pre-molar
Element 82 = adp. hyoid a.f.d.f.o. Gyrus 17 / thymus gl. under aegis of parietal bone. Leaks to yield>	Element 55=parietal b. over dev. of Gyrus 18 with celiac trunk dev. Eff.>circulatory sys.> sweat glands	Adapting Element 83 + 84 - 86 = femur - lower 2nd pre-molar
Element 83 = adp. femur a.f.d.f.o. Gyrus 18 / celiac trunk under aegis of parietal bone. Leaks to yield>	Element 55=parietal b. over dev. of Gyrus 19 with suprarenal gl. dev. Eff.>digestive sys.>lactiferous ducts	Adapting Element 84 + 85 - 86 = tibia - lower 2nd pre-molar
Element 84 = adp. tibia a.f.d.f.o. Gyrus 19/suprarenal gl. under aegis of parietal bone. Leaks to yield>	Element 55=parietal b. over dev. of Gyrus 20 with DNA-making app. Effluent > immune system to anus	Adapting Element 85 + 86 = upper & lower 2nd pre-molar
El. 85= adp. up.2nd pre-m. a.f.d.f.o. Gyrus 20 / DNA-making app. under aegis of parietal b. Leaks to yield>	Element 55=parietal b. over dev. of C.N. IX with RNA-making app. Eff.>reproductive sys. to eye app.	Adapting Element 86 = lower 2nd pre-molar
El. 86=adp. low.2nd pre-m. a.f.d.f.o. C.N. IX / RNA-making app. under aegis of parietal b. Leaks to yield>	Element 55=parietal b. over dev. of C.N. X with protein-making app. Ef.>nervous sys.>regeneration app.	Adapting Element 113 + 114-118 = fibula - lower 1st pre-molar
Element 113 = adp. fibula a.f.d.f.o. C.N. X / protein-making app. under aegis of parietal b. Leaks to yield>	Element 87=temporal b. over dev. of Gyrus 21 with tonsils dev. Effluent>respiratory sys. to bladder	Adapting Element 114 + 115-118= patella - lower 1st pre-molar
Element 114 = adp. patella a.f.d.f.o. Gyrus 21 / tonsils under aegis of temporal bone. Leaks to yield>	Element 87=temporal b. over dev. of Gyrus 22 with iliac artery dev. Eff.>circulatory sys.> sweat glands	Adapting Element 115 + 116-118= calcaneus - lower 1st pre-molar
El. 115 = adp. calcaneus a.f.d.f.o. Gyrus 22 / iliac artery under aegis of temporal bone. Leaks to yield>	Element 87=temporal b. over dev. of Gyrus 23 with gonads dev. Eff.>digestive sys.>lactiferous ducts	Adapting Element 116 + 117-118= talus - lower 1st pre-molar
Element 116 = adp. talus a.f.d.f.o. Gyrus 23 / gonads under aegis of temporal bone. Leaks to yield>	Element 87=temporal b. over dev. of Gyrus 24 with DNA-making app. Effluent > immune system to anus	Adapting Element 117 + 118 = upper & lower 1st pre-molar
El. 117=adp. up.1st pre-m. a.f.d.f.o. Gyrus 24 / DNA-making app. under aegis of temporal b. Leaks to yield>	Element 87=temporal b. over dev. of C.N. XI with RNA-making app. Eff.>reproductive sys. to eye app.	Adapting Element 118 = lower 1st pre-molar
El. 118=ad. low.1st pre-m. a.f.d.f.o. C.N. XI / RNA-making app. under aegis of temporal b. Leaks to yield>	Element 87=temporal b. over dev. of C.N. XII with protein-making app. Ef.>nervous sys.>regeneration app.	To be continued - - - - - - - - - - - by means of broken symmetry & weak force
Element 119 = lacrimal bone as associated with development of Mt Ss 1 into a medial and lateral sesamoid, the medial as stabilizing connection to lacrimal bone, perhaps by way of the thoracic vertebrae/ribs, and the lateral as means to allow for slippage of toe bone usage away from balance with that of its mirror-image, thus breaking symmetry in the "move away from source" dimension.		
Element 169 = body of mandible as associated with development of Mc Ss 1 into a medial and lateral sesamoid, the medial as stabilizing connection to body of mandible, perhaps by way of non-thoracic vertebrae, and the lateral as means to allow for slippage of finger bone usage away from balance with that of its mirror-image, thus breaking symmetry in the "reach away from source" dimension.		
Element 170 = ramus of mandible as associated with development of ability of Mc Ss 2 to adjust its connection to L5 in a non-mirror-imaged way to skew L5's balanced alignment in the "outward-from-the-source-of-everything" dimension.		
Element 120 = maxilla bone as it affects organism in its connection to skewing of L5, either by reflecting or causing the skewing, and the associated effect of the maxilla bone on Cranial Nerves I-XII (as controlled by s-orbital bones of Rows 2-7) as the maxilla bone either reflects L5 skewing or causes it.		

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Possibly for anatomical drawings
depicting bodily structures**:**
Larynx,
Lower mandible (jaw),
Upper mandible (maxilla bone),
Nose (with vomer),
Ears,
Crista galli (peak at top of ethmoid bone),
Metatarsal 3 (Mt 3).

PART 3

TABLES:
Reference and Preparatory

(A Condensation of the Progression of Relationships found in Part 4 and Elsewhere in this Book)
+
New Material for Pages 71-92

The Tables beginning Part 3 have been carried over from the 2017 version of this book. There are corrections stated on several pages (top of Page 66 and bottom of Page 68) which clear up the few corrections clearly needed from Page 66 through 69. However, the corrections needed to Page 70 are more extensive and are shown below.

Corrections to Page 70**:** in the column, "are served by breath to," change the following to**:**
Line 10-"frontonasal duct to frontal sinus" (2.xiphoid process, etc.)**;**
Line 11-"Eustacean tube to mastoid cells" (2.scapula, etc.)**;**
Line 15-"middle nasal meatus to maxillary sinus" (2.triquetrum, etc.)**;**
Line 19-"Eustacean tube to tympanic cells" (2.malleus, etc.)**;**
Line 26-"superior nasal meatus to sphenoid sinus" (2.stapes, etc.)**;**
Line 33-"nasal meata to ethmoid cells" (2.fibula, etc.)
In addition, on Line 13, exchange places of S4 and S5.

Corrections: Reference on pages 66, **& 67,** to Day 2 or 3 Bob Centers should be changed to Day 2 or 3 Bob Hook Complex Aids**.** Day 2 and Day 3 Bob-Cs should be Bob-A's whereas Day 1 Bob-Cs remain Bob-Cs**. On Page 67,** L2 should be on frontal bone line and L3 on nasal bone line**.**

Table of Master Layer of Human Body Structure Alignment
DAY 1 BOB CENTERS arranging Zonular Fibers, Gyri, Sense Organs, and Associated Body Bones, the latter serving as Day 3 Bob Centers

DAY 1 BOB CENTERS using as "muscles" >	ZONULAR FIBERS*	activating CRANIAL SINUSES** to arrange GYRI	to align SENSE ORGANS	as associated with alignment of Sets of Bones providing DAY 3 BOB CENTERS, each in its turn
ethmoid bone	1-3	STS long	apparatus of eyes	xiphoid process, C1, Mc 5, T1, Mt 5
sphenoid bone	4-6	STS short	apparatus of eyes	sternum, C2, Mc 2, rib 1, Mt 2
maxilla alveolar process	7-9	STS dentate	anterior semicircular duct ampullas	manubrium, C3, Mc PP5, T2, Mt PP5
mandible alveolar process	10-12	STS orbital	anterior semicircular duct ampullas	clavicle, C4, Mc PP2, rib 2, Mt PP2
upper wisdom tooth	13-15	SOS straight	posterior semicircular duct ampullas	scapula, S5, Mc MP5, T3, Mt MP5
lower wisdom tooth	16-18	SOS subcallosal	posterior semicircular duct ampullas	humerus, S4, Mc MP2, rib 3, Mt MP2
upper 2nd molar	19-21	SOS cingulate	lateral semicircular duct ampullas	radius, S3, Mc DP5, T4, Mt DP5
lower 2nd molar	22-24	SOS lingual	lateral semicircular duct ampullas	ulna, C5, Mc DP2, rib 4, Mt DP2
upper 1st molar	25-27	SPS inferior frontal	utricle of ears	triquetrum, S2, Mc 4, T5, Mt 4
lower 1st molar	28-30	SPS inferior frontal, orbital	utricle of ears	pisiform, C6, scaphoid, rib 5, navicular
upper 2nd pre-molar	31-33	SPS inferior frontal, triangular	saccule of ears	hook of hamate, S1, Mc PP4, T6, Mt PP4
lower 2nd pre-molar	34-36	SPS inferior frontal, opercular	saccule of ears	lunate, C7, trapezoid, rib 6, cuneiform intermediate
upper 1st pre-molar	37-39	IPS supramarginal	inner hair cells of cochleas	malleus, Cx 1, Mc MP4, T7, Mt MP4
lower 1st pre-molar	40-42	IPS superior temporal	inner hair cells of cochleas	incus, Cx 2, capitate, rib 7, cuneiform lateral
lacrimal bone	43-45	IPS middle temporal	outer hair cells of cochleas	upper hip, Cx 3, Mc DP4, T8, Mt DP4
maxilla bone	46-48	IPS inferior temporal	outer hair cells of cochleas	pelvic hip, Cx 4, hamate, rib 8, cuboid
upper canine	49-51	SSS angular	primary olfactory system	stapes, L1, Mc 3, T9, Mt 3
lower canine	52-54	SSS lateral occipitotemporal	primary olfactory system	hyoid, L2, trapezium, rib 9, cuneiform medial
upper lateral incisor	55-57	SSS middle occipitotemporal	top layer, secondary olfactory system	femur, L3, Mc PP3, T10, Mt PP3
lower lateral incisor	58-60	SSS parahippocampal	top layer, secondary olfactory system	tibia, L4, Mc 1, rib 10, Mt 1
upper central incisor	61-63	ISS postcentral	low layer, secondary olfactory system	fibula, L5, Mc MP3, T11, Mt MP3
lower central incisor	64-66	ISS precentral	low layer, secondary olfactory system	patella, Mc Ss 2, Mc PP1, rib 11, Mt PP1
body of mandible	67-69	ISS middle frontal	taste bud system	calcaneus, Mc Ss 1, Mc DP3, T12, Mt DP3
ramus of mandible	70-72	ISS superior frontal	taste bud system	talus, Mt Ss 1, Mc DP1, rib 12, Mt DP1

*Zonular fiber "muscles": 1-3 are the medial-most 3-member set of 3 equatorial zonular fibers per set; 4-18 are upper, medial quadrant 3-member sets;19-21 the superior-most; 22-36 upper, lateral quadrant; 37-39 the lateral-most; 40-54 lower, lateral quadrant; 55-57 the inferior-most; 58-72 lower, medial quadrant

**Cranial Sinuses Abbreviations: STS - Sigmoid / Transverse Sinus; SOS - Straight / Occipital Sinus; SPS - Superior Petrosal Sinus; IPS - Inferior Petrosal Sinus; SSS - Superior Sagittal Sinus; ISS - Inferior Sagittal Sinus

next page for Table of DAY 2 BOB CENTERS

As regards the Table of Day 2 Bob Centers, it will be seen that the bottom 1/2 of the page should be aligned to the right of the top 1/2 of the page for a continuous display of the Body Bones associated with a particular s-orbital bone. These associated Body Bones are the same ones shown in the last column above as the ones providing Day 3 Bob-Cs. Therefore, when a particular Body Bone is serving as the Day 3 Bob-C, the Day 1 Bob-C for that 3-day cycle will be found, correspondingly, in the first column above, and the Day 2 Bob-C will be found, correspondingly, in the first column on the next page. Since S1 and C7 are in the s-orbital Frontal Bone row of the Periodic Table (although these are part of the Hook / Lunate scaffolds), perhaps there is joint usage of Cranial Nerves VI & VIII.

The **Table of DAY 2 BOB CENTERS** is shown below to activate the indicated Cavernous Sinuses to arrange the associated Cranial Nerves as these are associated with the indicated Body Bones (when these serve as Day 3 Bones) in order to continue proper Gyrus function on Day 2 of a given 3-day cycle. The muscle maintaining alignment of the Day 2 Bob-C on Day 1 of the cycle is the dilator muscle of the eye; on Day 2 it is the sphincter muscle of the eye and on Day 3 it is the orbitalis muscle of the eye. Cavernous Sinus 1 would seem to be the frontmost outer compartment; 2, the middle outer compartment; 3, the backmost outer; 4, the inner bridge compartment; 5, the anterior intercavernous sinus; and 6, the posterior intercavernous sinus (see Frank H. Netter's Atlas of Human Anatomy, 2nd Edition, Plate 98). The bottom 1/2 of this page is a continuation of the top 1/2 of the table and should be arranged side by side to it from the bottom up.

DAY 2 BOB CENTERS	CN I **v**	CN II v	Cavernous Sinus 1		CN III **v**	CN IV v	Cavernous Sinus 2		CN V **v**	CN VI v	Cavernous Sinus 3	
	Olfactory	Optic	Olfactory	Optic	Oculomotor	Trochlear	Oculomotor	Trochlear	Trigeminal	Abducent	Trigeminal	Abducent
vomer bone	xiphoid		manubrium									
palatine bone		sternum		clavicle								
inferior nasal concha					scapula		radius					
middle nasal concha						humerus		ulna				
superior nasal concha	C1		C3		S5		S3		S2/triquetrum		hook / S1	
highest nasal concha		C2		C4		S4		C5		C6/pisiform		lunate / C7
nasal bone												
frontal bone												
parietal bone	Mc 5		Mc PP5		Mc MP5		Mc DP5		Mc 4		Mc PP4	
occipital bone		Mc 2		Mc PP2		Mc MP2		Mc DP2		scaphoid		trapezoid
temporal bone	T1		T2		T3		T4		T5		T6	
zygomatic bone		rib 1		rib 2		rib 3		rib 4		rib 5		rib 6
lacrimal bone	Mt 5		Mt PP5		Mt MP5		Mt DP5		Mt 4		Mt PP4	
maxilla bone		Mt 2		Mt PP2		Mt MP2		Mt DP2		navicular		cuneiform
body of mandible												intermediate
ramus of mandible												
Continued from above	CN VII **v**	CN VIII v	Cavernous Sinus 4		CN IX **v**	CN X v	Cavernous Sinus 5		CN XI **v**	CN XII v	Cavernous Sinus 6	
	Facial	Vestibulo-cochlear	Facial	|Vestibulo-|cochlear	Glosso-pharyngeal	Vagus	Glosso-pharyngeal	Vagus	Accessory	Hypo-glossal	Accessory	Hypo-glossal
vomer and palatine bones have no more entries												
inferior and middle nasal concha have no more entries												
superior and highest nasal concha have no more entries												
nasal bone con't	Cx1/ malleus|		Cx3/upper hip|		L1	L2						
frontal bone con't		Cx 2/ incus		| Cx 4/pelvic hip			L3	L4				
parietal bone con't	Mc MP4		Mc DP4		Mc 3/stapes		McPP3/femur		Mc MP3		Mc DP3	
occipital bone con't		capitate		hamate		trapezium / hyoid |		Mc 1 / tibia		Mc PP1		Mc DP1
temporal bone con't	T7		T8		T9		T10		T11 / fibula		T12/calcaneus|	
zygomatic bone con't		rib 7		rib 8		rib 9		rib 10		rib 11/patella		rib 12/ talus
lacrimal bone con't	Mt MP 4		Mt DP4		Mt 3		Mt PP3		Mt MP3		Mt DP3	
maxilla bone con't		cuneiform lat.|		cuboid		cuneiform med.|		Mt 1		Mt PP1		Mt DP1
body of mandible con't									L5		Mc Ss 1	
ramus of mandible con't										Mc Ss 2		Mt Ss 1

Table of Series of 6 Sets of 6 SUBSTANCE-PRODUCING COMPARTMENTS with suggestion as to cranial structures controlling each set						
Column structures involved in production of >	LYMPH	BLOOD	HORMONE	DNA	RNA	PROTEIN
132 bones (below) with which substance-producing compartments are associated (controlling cranial structures suggested)	Mid-morning, 8:52 am - 11:15 am	Late morning, earlier afternoon, 11:16 am - 4:03 pm	Late afternoon, evening, 4:04 pm - 12:35 am	Night, 12:36 am - 7:15 am	Earlier & early morning, 7:16 am - 8:03 am	8:04 am - 8:51 am
Cranial Bones: Row 2-7 s-orbitals, alternatingly, each in its turn, twice (as controlled by Cerebellum)	Eye: Part 1 (6 tracts)	Part 2 (with 6 tracts)	Part 3 (with 6 tracts)	Part 4 (6 tracts)	Part 5 (6 tracts)	Part 6 (6 tracts)
Body-frame Bones**:** (see Page 445, TABLE OF HEAD/BODY MID-BRAIN LINKS for SCAFFOLDS OF BODILY STRUCTURES and webpage associated PDF)						
Row 2 p-orbitals (each 1 of 4 in its turn) (as controlled by Pituitary Complex?)	Bone marrow (The Vomer overseeing these 6x6 soft tissue structures)	Carotid artery	Pineal gland	Cerebellum, lobule 1	Cerebrum, gyri 1-4	Cranial nerves I-II
Row 3 p-orbitals (each 1 of 4 in its turn) (as controled by Colliculi Complex?)	Thoracic duct (Inferior Nasal Concha overseeing these 6x6 structures)	Parathyroids	Thyroid gland	Cerebellum, lobule 2	Cerebrum, gyri 5-8	Cranial nerves III-IV
Row 4 p-orbitals (each 1 of 4 in its turn) (as controlled by Commissure Complex?)	Peyer's patches (Superior Nasal Concha overseeing these 6x6 structures)	Aorta	Pyloric gland	Cerebellum, lobule 3	Cerebrum, gyri 9-12	Cranial nerves V-VI
Row 5 p-orbitals (each 1 of 4 in its turn) (as controlled by Thalamus Complex?)	Spleen (Nasal Bone overseeing these 6x6 soft tissue structures)	Subclavian artery	Pancreas	Cerebellum, lobule 4	Cerebrum, gyri 13-16	Cranial nerves VII-VIII
Row 6 p-orbitals (each 1 of 4 in its turn) (as controlled by Bodies**/**Nuclei Complex?)	Thymus (Parietal Bone overseeing these 6x6 soft tissue structures)	Celiac trunk	Suprarenal gland	Cerebellum, lobule 5	Cerebrum, gyri 17-20	Cranial nerves IX-X
Row 7 p-orbitals (each 1 of 4 in its turn) (as controlled by Basal Ganglia Complex?)	Tonsils (Temporal Bone overseeing these 6x6 soft tissue structures)	Iliac artery	Gonads	Cerebellum, lobule 6	Cerebrum, gyri 21-24	Cranial nerves XI-XII
Non-thoracic Vertebrae**/**Sesamoids**:** Row 4, 5, 9 d-orbitals (each 1 of 4 in its turn) (as controlled by 12 Cranial Nerves)	Kidney* (with 6 tracts)	Gallbladder* (with 6 tracts)	Duodenum* (with 6 tracts)	Liver* (with 6 tracts)	Ventricles** (with 6 tracts)	Spinal Nerves*** (with 6 tracts)
Finger Bones**:** Row 6 d**/**f-orbitals (each 1 of 4 in its turn) (> 24 Spinal Nerves, Ventral Roots)	RLS 1, LLS 1+2, RLS 2, LLS 3, RLS 3, LLS 4 (A lung segment per each 4 finger bones of 24, ~ 6 parts per segment) Part 1 (with 6 tracts)	Part 2 (with 6 tracts)	Part 3 (with 6 tracts)	Part 4 (6 tracts)	Part 5 (6 tracts)	Part 6 (6 tracts)
Thoracic Vertebra/Ribs**:** Row 7 d**/**f-orbitals (each 1 of 4 in its turn) (> 24 Spinal Nerves, Dorsal Roots)	RLS 4, LLS 5, RLS 5, LLS 6, RLS 6, RLS 7 (A lung segment per each 2 thoracic vertebra+ribs, ~ 6 parts per segment) Part 1 (with 6 tracts)	Part 2 (with 6 tracts)	Part 3 (with 6 tracts)	Part 4 (6 tracts)	Part 5 (6 tracts)	Part 6 (6 tracts)
Toe Bones**:** Row 8 d**/**f-orbitals (each 1 of 4 in its turn) (> 24 Spinal Nerves, Dorsal Roots)	LLS 7+8, RLS 8, LLS 9, RLS 9, LLS 10, RLS 10 (A lung segment per each 4 toe bones of 24, ~ 6 parts per segment) Part 1 (with 6 tracts)	Part 2 (with 6 tracts)	Part 3 (with 6 tracts)	Part 4 (6 tracts)	Part 5 (6 tracts)	Part 6 (6 tracts)

MASTER CONTROLLING CRANIAL SOFT STRUCTURES OF THE BODY ARE THE 24 GYRI

That which the 24 Gyri control are the master hard structures of the body. These are the **Row 1 s-orbitals**, i.e. the ethmoid and sphenoid bones; **the last two p-orbitals of Rows 2-7**, i.e. the maxilla & mandible alveolar processes and the upper**/**lower wisdom teeth, 2nd molars, 1st molars, 2nd pre-molars, 1st pre-molars; **the Row 8 s- and p-orbitals**, i.e. the lacrimal and maxilla bones and the upper**/**lower canines, lateral incisors and central incisors; the **Row 9 s-orbitals,** i.e. the body & ramus of mandible. ***As regards the **Kidney, Gallbladder, Duodenum and Liver of the Non-thoracic Vertebrae** above, each contains its 6 Tracts. ****** The 6 Tracts of the **Ventricles** are (1-4): Lateral Ventricle (Lat. Vent.) right top (R.T.), left top (L.T.), right back & bottom (R.B.), left back and bottom ((L.B.) + the 3rd Ventricle and the 4th Ventricle. ***The 6 Tracts of the **Spinal Nerves** are incorporated into the 24 Interceded Spinal Nerves shown next page of these Tables.

Corrections for next **Page 69: Line 7**, switch **orbital** and **opercular; Line 13, bottom of 2nd box,** Bob Centers should be **Bob Hook Complex Aids.**

Table of SPINAL NERVE CORRELATIONS	
Base Spinal Nerves	
Base Spinal Nerves	As Associated With
C1 (Cervical vertebra 1) Nerve	Sphenoid Bone overseen Cerebellum Lobules 1-6
C2 (Cervical vertebra 2) Nerve	Ethmoid Bone overseen Gyri 1-4 (long, short, dentate, orbital)
C3 (Cervical vertebra 3) Nerve	Ethmoid Bone overseen Gyri 5-8 (straight, subcallosal, cingulate, lingual)
C4 (Cervical vertebra 4) Nerve	Ethmoid Bone overseen Gyri 9-12 (inferior frontal, inferior frontal: orbital part, triangular part, opercular part)
S5 (Sacral vertebra 5) Nerve	Ethmoid Bone overseen Gyri 13-16 (supramarginal, superior temporal, middle temporal, inferior temporal)
S4 (Sacral vertebra 4) Nerve	Ethmoid Bone overseen Gyri 17-20 (angular, lateral occipitotemporal, middle occipitotemporal, parahippocampal)
Cx (Coccygeal vertebrae) Nerve	Ethmoid Bone overseen Gyri 21-24 (postcentral, precentral, middle frontal, superior frontal)

Interceded Spinal Nerves

Interceded Spinal Nerves 1 (C5) - 24 (S3)	Associated Cranial Nerves for Body-frame (p-orbital) Bones as Day 3 Bob Centers	Associated 6-Member Bone Scaffolds					
		Cranial (s-orbital) Bones	Body-frame (p-orbital) Bones	d-orbital Vertebrae	Finger (d-, f-) Bones	d,f-orbital Vertebrae	Toe (d-, f-orbital) Bones
1. C5 (Cervical vertebra 5) Nerve	CN I - Olfactory	vomer	xiphoid process	C1	Mc 5	T1	Mt 5
2. C6 (Cervical vertebra 6) Nerve	CN II - Optic	palatine	sternum	C2	Mc PP5	rib 1	Mt PP5
3. C7 (Cervical vertebra 7) Nerve	CN I - Olfactory	vomer	manubrium	C3	Mc 2	T2	Mt 2
4. C8 (Cervical vertebra 8) Nerve	CN II - Optic	palatine	clavicle	C4	Mc PP2	rib 2	Mt PP2
5. T1 (Thoracic vertebra 1) Nerve	CN III - Oculomotor	inferior nasal concha	scapula	S5	Mc MP5	T3	Mt MP5
6. T2 (Thoracic vertebra 2) Nerve	CN IV - Trochlear	middle nasal concha	humerus	S4	Mc MP2	rib 3	Mt MP2
7. T3 (Thoracic vertebra 3) Nerve	CN III - Oculomotor	inferior nasal concha	radius	S3	Mc DP5	T4	Mt DP5
8. T4 (Thoracic vertebra 4) Nerve	CN IV - Trochlear	middle nasal concha	ulna	C5	Mc DP2	rib 4	Mt DP2
9. T5 (Thoracic vertebra 5) Nerve	CN V - Trigeminal	superior nasal concha	triquetrum	S2	Mc 4	T5	Mt 4
10. T6 (Thoracic vertebra 6) Nerve	CN VI - Abducent	highest nasal concha	pisiform	C6	scaphoid	rib 5	navicular
11. T7 (Thoracic vertebra 7) Nerve	CN V - Trigeminal	superior nasal concha	hook of hamate	S1	Mc PP4	T6	Mt PP4
12. T8 (Thoracic vertebra 8) Nerve	CN VI - Abducent	highest nasal concha	lunate	C7	trapezoid	rib 6	cuneiform intermediate
13. T9 (Thoracic vertebra 9) Nerve	CN VII - Facial	nasal bone	malleus	Cx 1	Mc MP4	T7	Mt MP4
14. T10 (Thoracic vertebra 10) N.	CN VIII - Vestibulocochlear	frontal bone	incus	Cx 2	capitate	rib 7	cuneiform lateral
15. T11 (Thoracic vertebra 11) N.	CN VII - Facial	nasal bone	upper hip	Cx 3	Mc DP4	T8	Mt DP4
16. T12 (Thoracic vertebra 12) N.	CN VIII - Vestibulocochlear	frontal bone	pelvic hip	Cx 4	hamate	rib 8	cuboid
17. L1 (Lumbar vertebra 1) Nerve	CN IX - Glossopharyngeal	parietal bone	stapes	L1	Mc 3	T9	Mt 3
18. L2 (Lumbar vertebra 2) Nerve	CN X - Vagus	occipital bone	hyoid	L2	trapezium	rib 9	cuneiform medial
19. L3 (Lumbar vertebra 3) Nerve	CN IX - Glossopharyngeal	parietal bone	femur	L3	Mc PP3	T10	Mt PP3
20. L4 (Lumbar vertebra 4) Nerve	CN X - Vagus	occipital bone	tibia	L4	Mc 1	rib 10	Mt 1
21. L5 (Lumbar vertebra 5) Nerve	CN XI - Accessory	temporal bone	fibula	L5	Mc MP3	T11	Mt MP3
22. S1 (Sacral vertebra 1) Nerve	CN XII - Hypoglossal	zygomatic bone	patella	Mc Ss 2	Mc PP1	rib 11	Mt PP1
23. S2 (Sacral vertebra 2) Nerve	CN XI - Accessory	temporal bone	calcaneus	Mc Ss 1	Mc DP3	T12	Mt DP3
24. S3 (Sacral vertebra 3) Nerve	CN XII - Hypoglossal	zygomatic bone	talus	Mt Ss 1	McDP1	rib 12	Mt DP1

Condensed Table of BREATH DESTINATIONS in Connection with Alignment of Human Structures of Periodic Table	
The groups of structures below from Periodic Table of Human Structures >	**are served by breath to**
0. ethmoid & sphenoid bones & 22 alternates (some s-orbitals & p-orbitals) including: maxilla and mandible alveolar processes, upper and lower wisdom teeth, 8 back teeth, lacrimal & maxilla bones, 6 front teeth, body & ramus of mandible	nasolacrimal duct to superior lacrimal canaliculi, breath possibly captured by brain's sinuses
1. vomer and palatine bones and 10 alternates (s-orbitals of Rows 2-7) including: inferior & middle nasal conchas, superior & highest nasal conchas, nasal & frontal bones, parietal & occipital bones, temporal & zygomatic bones	nasolacrimal duct to inferior lacrimal canaliculi, breath possibly captured by brain's cavernous sinus
2. xiphoid process, sternum, manubrium, clavicle (p-orbital bones of Row 2)	Eustacean tube to mastoid cells
2. scapula, humerus, radius, ulna (p-orbitral bones of Row 3)	Eustacean tube to tympanic cells
3. C1, C2, C3, C4 (Row 4 d-orbitals)	Eustacean tube to anterior semicircular duct ampulla
3. S4, S5, S3, C5 (next Row 4 d-orbitals)	Eustacean tube to posterior semicircular duct ampulla
3. S2, C6 (last Row 4 d-orbitals)	Eustacean tube to lateral semicircular duct ampulla
2. triquetrum, pisiform, hook of hamate, lunate (p-orbital bones of Row 4)	Nasal meata to ethmoid cells
3. S1, C7, (Row 5 d-orbitals)	Eustacean tube to utricle
3. Cx 1, Cx 2, Cx 3, Cx 4 (next Row 5 d-orbitals)	Eustacean tube to saccule
3. L1, L2, L3, L4 (last Row 5 d-orbitals)	Eustacean tube to cochlea's outer hair cells
2. malleus, incus, upper hip, pelvic hip (p-orbital bones of Row 5)	superior nasal meatus to sphenoid sinus
4. Mc 5, Mc 2, Mc PP5, Mc PP2 (1st Row 6 d-orbital, then f-orbitals)	trachea to RLS 1 (apical, RB 1)
4. Mc MP5, Mc MP2, Mc DP5, Mc DP2 (next Row 6 f-orbitals)	trachea to LLS 1+2 (apicoposterior, LB 1+2)
4. Mc 4, scaphoid, Mc PP4, trapezoid (next Row 6 f-orbitals)	trachea to RLS 2 (posterior, RB 2)
4. Mc MP4, capitate, Mc DP4, hamate (end Row 6 f-orbitals, 2nd d-orbital)	trachea to LLS 3 (anterior, LB 3)
4. Mc 3, trapezium, Mc PP3, Mc 1 (next Row 6 d-orbitals)	trachea to RLS 3 (anterior, RB 3)
4. Mc MP3, Mc PP1, Mc DP3, Mc DP1 (last Row 6 d-orbitals)	trachea to LLS 4 (superior, LB 4)
2. stapes, hyoid, femur, tibia (p-orbital bones of Row 6)	middle nasal meatus to maxillary sinus
5. T1, rib 1, T2, rib 2 (1st Row 7 d-orbital, then f-orbitals)	trachea to RLS 4 (lateral, RB 4)
5. T3, rib 3, T4, rib 4 (next Row 7 f-orbitals)	trachea to LLS 5 (inferior, LB 5)
5. T5, rib 5, T6, rib 6 (next Row 7 f-orbitals)	trachea to RLS 5 (medial, RB 5)
5. T7, rib 7, T8, rib 8 (end Row 7 f-orbitals, 2nd d-orbital)	trachea to LLS 6 (superior, lower lobe, LB 6)
5. T9, rib 9, T10, rib 10 (next Row 7 d-orbitals)	trachea to RLS 6 (superior, lower lobe, RB 6)
5. T11, rib 11, T12, rib 12 (last Row 7 d-orbitals)	trachea to RLS 7 (medial basal, RB 7)
2. fibula, patella, calcaneus, talus (p-orbital bones of Row 7)	frontonasal duct to frontal sinus
6. Mt 5, Mt 2, Mt PP5, Mt PP2 (1st Row 8 d-orbital, then f-orbitals)	trachea to LLS 7+8 (anteromedial basal, LB 7+8)
6. Mt MP5, Mt MP2, Mt DP5, MT DP2 (next Row 8 f-orbitals)	trachea to RLS 8 (anterior basal, RB 8)
6. Mt 4, navicular, Mt PP4, cuneiform intermediate (next Row 8 f-orbitals)	trachea to LLS 9 (lateral basal, LB 9)
6. Mt MP4, cuneiform lateral, Mt DP4, cuboid (Row 8 f-orbitals/2nd d-orbital)	trachea to RLS 9 (lateral basal, RB 9)
6. Mt 3, cuneiform medial, Mt PP3, Mt 1 (next Row 8 d-orbitals)	trachea to LLS 10 (posterior basal, LB 10)
6. Mt MP3, Mt PP1, Mt DP3, Mt DP1 (last Row 8 d-orbitals)	trachea to RLS 10 (posterior basal, RB 10)
3. L5, Mc Ss 2, Mc Ss 1, Mt Ss 1 (Row 9 d-orbitals)	Eustacean tube to cochlea's inner hair cells

Changes to the 2017 Original Version of Part 3 of This Book

Pages 76-97 in the Original 2017 Book, as shown in the author's Webpage Original PDF, contained two Tables with commentary which she (I) have not corrected at this time for this updated version of the 2017 book. As partial substitute, I have prepared page indications for anatomical pictures in the 2nd Edition of Frank H. Netter's Atlas of Human Anatomy (and, occasionally, the 4th Edition of Carmine D. Clemente's Anatomy), to give a sense of the relevant structures referenced in the pages of this book. Condensed, corrected original Pages 76-97 might later replace the redundant "Treatise" which presently ends Part 3 and is found also ending the Epilogue as Prologue (Page lxi).

In succeeding pages of this section of this work, many of the page numbers in the referenced anatomy book shown for pictures of the named structures will be for always changing structures. However, there is one set of structures which does not change day by day (or 3 days by 3 days) throughout the year. They are the four paired sets of sesamoid bones of the body which oversee the four dimensions in which the body functions, that is, the dimension of Time and the three spatial dimensions. I list these sets here and give page numbers for pictures in the referenced 2nd Edition of Frank H. Netter's Atlas of Human Anatomy. A program for body alignment could start with these.

As regards the importance of these sesamoid bones, I maintain that the alignment of the four 2-member sets of bones do, indeed, oversee the four dimensions through which humans are aware of moving, these dimensions being time, up/down, right/left, front/back. The four sets of bones are

lumbar vertebra 5 (L5)/ pisiforms (of the wrist) for the dimension of time**,**
metacarpal sesamoids 2 (Mc Ss 2)/ incudes, i.e. incuses (of the ear) for up/down**,**
metacarpal sesamoids 1 (Mc Ss 1)/ hyoid (at back of chin) for right/left**,**
metatarsal sesamoids 1 (Mt Ss 1)/ patellas (kneecaps) for front/back.

The alignment of the two bones for the time dimension, i.e. L5/pisiforms, quite likely determines everything that is happening in our body. The desired alignment of L5 hinges on having the sensation of having pressurized its vertebra body in the vicinity of the waist in such a way as to have straightened out the spine above the waist upwardly. As regards sensation in the pisiforms and other bones mentioned above, it is a matter of being aware of a sense of internal pressure associated with the mirror- imaged bones. The pisiforms are felt as single nobs at the front of the wrist below the little finger. Mc Ss 2 is a small round bone at the inside base of the index finger, Mc Ss 1 is a double small bone at the inside base of the thumb and Mt Ss 1 is a double small bone at the bottom base of the big toe. For additional reference to these bones, see Pages 79, 102 and 400.

The Sesamoid Bones, Arbiters of the Dimension of Time and the Spatial Dimensions

	Inhalation	Exhalation
The Dimension of Time**:**		
	L5 (Netter 231), Muscles are sternothyroid, sternohyoid, thyrohyoid (Netter 22-4, 26-7)	Pisiform (Netter 422-3, 426, 435), Muscles are stomach - longitudinal, circular, oblique layers (Netter 258-60, 256)
The Up/Down Dimension**:**		
	Mc Ss 2 (Netter 426), Muscles are diaphragm -anterior, sternal, posterior parts (Netter 246, 180-2, 218-21)	Incus (Netter 87-91), Muscles are rectum -longitudinal, circular, muscularis fibers (Netter 363-6)
The Right/Left Dimension**:**		
	Mc Ss 1 (Netter 426), Muscles are genioglossus -horizontal, oblique, vertical f. (Netter 53, 57, 122)	Hyoid (Netter 9, 24, 47, 57, 62), Muscles are trans. thoracis, rectus abdm., trans. abdominus (Netter 176, 233-4, 162)
The Front/Back Dimension**:**		
	Mt Ss 1 (488-9, 492, 498, 501), Muscles are tongue - sup., ver./trans., inf. longitudinal f. (Netter 53-4, 122)	Patella (Netter 472-7), Muscles are intercostal - internal, innermost, external fibers (Netter 183, 175, 238, 162)

Day-by-day breath exercises (not included in this work) can be based on the discoveries of this author that the intake of the breath which should be associated with the energy for the functioning of the body should not be breath that goes to the lungs. It should be the breath that can be captured by a nasal cavity closed to the pharynx during inhalation and which continues to be contained therein during the exhalation phase of a breath cycle by means of the closure of the hard palate's incisive canal during exhalation in order that the body can use the pressure of what is happening to the captured breath during a breath cycle as the source of the energy for the functioning of the body. This breath will have gone to a 3-day by 3-day changing specific compartment of the respiratory system and there will always be a specific companion "fixative" structure to be evenly pressurized on both sides of the body during exhalation to hold, or maintain, the body in proper position (attained during proper inhalation) in order for the captured breath to be properly handled. I have named the specific compartments of the respiratory system mentioned above as the "Breath-Receiving Areas" and the "fixative" structures are named the "Exhalation Structures". The 5th Part of the Epilogue as Prologue, Page xvii, of this work speaks extensively of them. That found on the preceding Page 70 are, in contrast, "Breath Tracts" of inhalation, allowing for breath to destinations involved in body structure formation (see corrections to Page 70 Table on Part 3 Title Page.)

Page Numbers for Pictures of 24 Places to Which Primary Breath Can Go in 3-Day Sequences (as found in the 2nd Edition of Frank H. Netter's Atlas of Human Anatomy)

24 places into which to inhale, each in its appropriate turn, for 3 days each, with 5 repetitions in a 360-day year, (the years based on the moment of conception), as delineated in the Table comprising the 6th Part of this book's "Epilogue as Prologue" (Page xxxi)**:**

Breath-Receiving Area	
Inferior Nasal Meatus	(pages 32-4, 42-3)
Middle Nasal Meatus	(same)
Superior Nasal Meatus	(same)
Sphenoid Sinus, Front Area	(same)
Nasolacrimal Duct (N.D.)	(page 77)
N.D.+Backmost Front Nasal Groove	(pages 32-4)
Middle Front Nasal Groove	(same)
Frontmost Front Nasal Groove	(same)
Sphenoid Sinus, Top Back Area	(pages 32-4, 42-3)
Sphenoid Sinus, Bottom Back Area	(same)
Ethmoid Cells, Back Cells	(pages 42-3)
Ethmoid Cells, Front Cells	(same)
Maxillary Sinus, Top Area	(same)
Maxillary Sinus, Bottom Area	(same)
Tympanic Cells, Top Cells	(page 89)
Tympanic Cells, Bottom Cells	(same)
Frontal Sinus, Top Area	(pages 32-4, 42-3)
Frontal Sinus, Bottom Area	(same)
Mastoid Cells, Top Cells	(page 89)
Mastoid Cells, Bottom Cells	(same)
Top Right Lung Segment	(pages 184-5, 188-91)
Middle Right Lung Segment	(same)
Bottom Right Lung Segment	(same)
Top Left Lung Segment	(same)

24 structures to have fixed in place during exhalation, correlating to 24 Breath-Receiving Areas into which to inhale, so that changes achieved during inhalation are not lost during exhalation**:**

Exhalation Structure	
Fixed Ethmoid Bone	(pages 1, 3, 6, 33)
Fixed Sphenoid Bone	(pages 1-3, 5-6, 9, 34)
Fixed Vomer Bone	(pages 1, 3, 5, 34)
Fixed Palatine Bone	(pages 3, 5, 32-4)
Fixed Inferior Nasal Concha	(pages 3, 32-3)
Fixed Middle Nasal Concha	(same)
Fixed Superior Nasal Concha	(same)
Fixed Highest Nasal Concha	(same)
Fixed Nasal Bone	(pages 1-3, 31, 33-4)
Fixed Frontal Bone	(same + pages 4 & 6)
Fixed Parietal Bone	(pages 1-4, 6, 9)
Fixed Occipital Bone	(2-6, 9, 15, 32-4, 57)
Fixed Temporal Bone	(pages 1-3, 5-6, 9)
Fixed Zygomatic Bone	(pages 1-2, 5, 9)
Fixed Lacrimal Bone	(pages 1-3, 33)
Fixed Maxilla Bone	(1-3, 5, 9, 31-4, 50)
Fixed Upper Canine	(page 50)
Fixed Lower Canine	(same)
Fixed Upper Lateral Incisor	(same)
Fixed Lower Lateral Incisor	(same)
Fixed Upper Central Incisor	(same)
Fixed Lower Central Incisor	(same)
Fixed Body of Mandible	(pages 1-2, 10, 47)
Fixed Ramus of Mandible	(same)

Page Numbers for Pictures of Progression of Bone Scaffolds and Related Muscles As Found Primarily in the 2nd Edition of Frank H. Netter's Atlas of Human Anatomy (Cle if Clemente)
First Bone Scaffolds 1-4 (read down for bones composing a scaffold)

Abbreviations**:** Head Bone (H)**;** Cervical/etc. Bone (C)**;** Thoracic/rib Bone (T/r)**;** Body-frame Bone (B-f)**;** Finger Bone (F)**;** Toe Bone (T)

	1	2	3	4
(H)	vomer	palatine	vomer	palatine

The bones above are shown on pages 1, 3, 5, 34 (vomer) and 32-3 (palatine).
Each bone endures for 3 days as is true for those below.
The above bones' muscle on Day 1 is the eye's dilator, on Day 2 the sphincter, on Day 3 the orbitalis.
These muscles are shown on page 83 (orbitalis on Cle-517).

(B-f)	xiphoid process	sternum	manubrium	clavicle

(bones above shown on pages 170, 184)
Muscles for bones above, given in this book's Tables (xxxi), shown on Netter pages listed below**:**

(82-3)	(342 & 347, 361-2)	(76, 115, Cle-509)	(342-4)

(C)	C1	C2	C3	C4

(bones above shown on pages 9, 12-16, 25, 32, 30, 185)
Muscles for bones above are the same as for those listed above for the Body-frame (B-f) bones**;** this repetitive use of the same muscles for different sets of bones is only true for bones on this page.

(F)	Mc 5	Mc 2	Mc PP5	Mc PP2

(bones above shown on page 426)
Muscles for bones above are the same as for those listed above for the Body-frame (B-f) bones**;** this repetitive use of the same muscles for different sets of bones is only true for bones on this page.

(T/r)	T1	rib 1	T2	rib 2

(bones above shown on page 170, 161-2, 184-5)
Muscles for bones above are the same as for those listed above for the Body-frame (B-f) bones**;** this repetitive use of the same muscles for different sets of bones is only true for bones on this page.

(T)	Mt 5	Mt 2	Mt PP5	Mt PP2

(bones above shown on page 488)
Muscles for bones above are the same as for those listed above for the Body-frame (B-f) bones**;** this repetitive use of the same muscles for different sets of bones is only true for bones on this page.

Page Numbers for Pictures of Progression of Bone Scaffolds and Related Muscles As Found Primarily in the 2nd Edition of Frank H. Netter's Atlas of Human Anatomy (Cle if Clement)

Bone Scaffolds 5-8 (read down for bones composing a scaffold)

Abbreviations**:** Head Bone (H)**;** Cervical/etc. Bone (C)**;** Thoracic/rib Bone (T/r)**;** Body-frame Bone (B-f)**;** Finger Bone (F)**;** Toe Bone (T)

	5	6	7	8
(H)	inferior nasal concha	middle nasal concha	inferior nasal concha	middle nasal concha

The bones above are shown on pages 32-3.

Each bone endures for 3 days as is true for those below.

The above bones' muscle on Day 1 is the eye's dilator, on Day 2 the sphincter, on Day 3 the orbitalis.

These muscles are shown on page 83 (orbitalis on Cle-517).

(B-f)	scapula	humerus	radius	ulna

(bones above shown on pages 392-3 & 405, 420-1 & 409-12, 407 for elbow)

Muscles for bones above, as referenced in this book's Tables, shown on Netter pages listed below:

(21, 511, 48)	(162)	(208-12, 214)	(208-9, 212)

(C)	S5	S4	S3	C5

(bones above shown on pages 142, 148-9)

Muscles for bones above shown on Netter pages listed below**:**

(71-4, 79, 61)

(F)	Mc MP5	Mc MP2	Mc DP5	Mc DP2

(bones above shown on page 426)

Muscles for bones above shown on Netter pages listed below**:**

(392-3 & 395, 420-1, 411-12, 414-16)

(T/r)	T3	rib 3	T4	rib 4

(bones above shown on page 170, 161-2)

Muscles for bones above shown on Netter pages listed below**:**

(162)	(162)	(62, 46, 58-9)	(88-9, 46)

(T)	Mt MP5	Mt MP2	Mt DP5	Mt DP2

(bones above shown on page 488)

Muscles for bones above shown on Netter pages listed below**:**

(456-7, 461, 459)	(456-7, 335-6, 461, 465)	(456-7, 459)	(480, 482)

Page Numbers for Pictures of Progression of Bone Scaffolds and Related Muscles
Found Primarily in the 2nd Edition of Frank H. Netter's Atlas of Human Anatomy (Cle if Clemente)
Bone Scaffolds 9-12 (read down for bones composing a scaffold)
Abbreviations**:** Head Bone (H)**;** Cervical/etc. Bone (C)**;** Thoracic/rib Bone (T/r)**;**
Body-frame Bone (B-f)**;** Finger Bone (F)**;** Toe Bone (T)

	9	10	11	12
(H)	superior nasal concha	highest nasal concha	superior nasal concha	highest nasal concha

The bones above are shown on pages 32-3.
Each bone endures for 3 days as is true for those below.
The above bones' muscle on Day 1 is the eye's dilator, on Day 2 the sphincter, on Day 3 the orbitalis.
These muscles are shown on page 83 (orbitalis on Cle-517).

(B-f)	triquetrum	pisiform	hook of hamate	lunate

(bones above shown on pages 422-3, 426, 435)
Muscles for bones above, as referenced in this book's Tables, shown on Netter pages listed below:

(220-23)	(258-60, 256)	(252, 262-3)	(276-8)

(C)	S2	C6	S1	C7

(bones above shown on pages 142, 149)
Muscles for bones above shown on Netter pages listed below**:**
(20-21, 79)

(F)	Mc 4	scaphoid	Mc PP4	trapezoid

(bones above shown on page 426)
Muscles for bones above shown on Netter pages listed below**:**

(392-3, 395)	(392-3, 396)	(392-3, 395, 399)

(T/r)	T5	rib 5	T6	rib 6

(bones above shown on page 170, 161-2)
Muscles for bones above shown on Netter pages listed below**:**

(161)	(162)	(161)	(161-2, 164)

(T)	Mt 4	navicular	Mt PP4	cuneiform intermediate

(bones above shown on page 488)
Muscles for bones above shown on Netter pages listed below**:**

(499)	(497)	(498)	(501, 498)

Page Numbers for Pictures of Progression of Bone Scaffolds and Related Muscles
Found Primarily in the 2nd Edition of Frank H. Netter's Atlas of Human Anatomy (Cle if Clemente)
Bone Scaffolds 13-16 (read down for bones composing a scaffold)
Abbreviations: Head Bone (H); Cervical/etc. Bone (C); Thoracic/rib Bone (T/r); Body-frame Bone (B-f); Finger Bone (F); Toe Bone (T)

	13	14	15	16
(H)	nasal	frontal	nasal	frontal

The bones above are shown on pages 1-3 and 31.
Each bone endures for 3 days as is true for those below.
The above bones' muscle on Day 1 is the eye's dilator, on Day 2 the sphincter, on Day 3 the orbitalis.
These muscles are shown on page 83 (orbitalis on Cle-517).

(B-f)	malleus	incus	upper hip	pelvic hip
	(bones above shown on 87-91)		(231, 456-7)	

Muscles for bones above, as referenced in this book's Tables, shown on Netter pages listed below:

(254, 267-8)	(363-6)	(365-6)	(363-8)

(C)	Cx 1	Cx 2	Cx 3	Cx 4
	(bones above shown on page 231)			
	Muscles for bones above shown on pages listed below:			
	(20, 79)	(21)	(20, 79)	(49)

(F)	Mc MP4	capitate	Mc DP4	hamate
	(bones above shown on page 426)			
	Muscles for bones above shown on pages listed below:			
	(392-3, 395)		(392-3, 403)	(392-3, 402)

(T/r)	T7	rib 7	T8	rib 8
	(bones above shown on page 170, 161-2)			
	Muscles for bones above shown on pages listed below:			
	(25)	(25, 161-2, 164)	(161-2)	(161-2, 164)

(T)	Mt MP4	cuneiform lateral	Mt DP4	cuboid
	(bones above shown on page 488)			
	Muscles for bones above shown on pages listed below:			
	(480, 484, 494)	(480-1)	(497, 480, 483)	(456, 461)

Page Numbers for Pictures of Progression of Bone Scaffolds and Related Muscles
Found Primarily in the 2nd Edition of Frank H. Netter's Atlas of Human Anatomy (Cle if Clemente)
Bone Scaffolds 17-20 (read down for bones composing a scaffold)
Abbreviations**:** Head Bone (H)**;** Cervical/etc. Bone (C)**;** Thoracic/rib Bone (T/r)**;**
Body-frame Bone (B-f)**;** Finger Bone (F)**;** Toe Bone (T)

	17	18	19	20
(H)	parietal	occipital	parietal	occipital

The bones above are shown on pages 2-6 and 9.
Each bone endures for 3 days as is true for those below.
The above bones' muscle on Day 1 is the eye's dilator, on Day 2 the sphincter, on Day 3 the orbitalis.
These muscles are shown on page 83 (orbitalis on Cle-517).

(B-f)	stapes	hyoid	femur	tibia
	(bone above on 87-91)	(9, 24, 47, 57, 62)	(477, 456-7, 480)	

Muscles for bones above, as referenced in this book's Tables, shown on Netter pages listed below:

(232-3, 237)	(176, 233-4, 162)	(177, 233)	

(C)	L1	L2	L3	L4

(bones above shown on page 231)
Muscles for bones above shown on pages listed below**:**

(20-21, 48, 88, Cle-564)	(48)	(Cle-564)	(20-21)

(F)	Mc 3	trapezium	Mc PP3	Mc 1

(bones above shown on page 426)
Muscles for bones above shown on pages listed below**:**

(Cle-64)	(Cle-65, 64, 62)	(Cle-63)	(Cle-66)

(T/r)	T9	rib 9	T10	rib 10

(bones above shown on page 170, 161-2)
Muscles for bones above shown on pages listed below**:**

(59, 61-2, 69, 222-3)	(72, 68,74)	(48-9, 61-3)	(47, 62)

(T)	Mt 3	cuneiform medial	Mt PP3	Mt 1

(bones above shown on page 488)
Muscles for bones above shown on pages listed below**:**

(456-7, 458)	(456-7, 461, 473, 476)	(462)	(457, 456, 460-1)

Page Numbers for Pictures of Progression of Bone Scaffolds and Related Muscles
Found Primarily in the 2nd Edition of Frank H. Netter's Atlas of Human Anatomy (Cle if Clemente)
Bone Scaffolds 21-24 (read down for bones composing a scaffold)
Abbreviations: Head Bone (H); Cervical/etc. Bone (C); Thoracic/rib Bone (T/r);
Body-frame Bone (B-f); Finger Bone (F); Toe Bone (T)

	21	22	23	24
(H)	temporal	zygomatic	temporal	zygomatic

The bones above are shown on pages 1-3, 5-6 and 9.
Each bone endures for 3 days as is true for those below.
The above bones' muscle on Day 1 is the eye's dilator, on Day 2 the sphincter, on Day 3 the orbitalis.
These muscles are shown on page 83 (orbitalis on Cle-517).

(B-f)	fibula	patella	calcaneus	talus
	(bone above on 478-80,494)	(472-7)	(488-93)	
	Muscles for bones above, as referenced in this book's Tables, shown on Netter pages listed below:			
	(22-3, 233, 245)	(183, 175, 238, 162)	(351-2)	(352)

(C)	L5	Mc Ss 2	Mc Ss 1	Mt Ss 1
	(231)	(bones above shown on page 426)		(488-9, 492, 498, 501)
	Muscles for bones above shown on pages listed below:			
	(22-4, 26-7)	(246, 180-2, 218-21)	(53, 57, 122)	(53-4, 122)

(F)	Mc MP3	Mc PP1	Mc DP3	Mc DP1
	(bones above shown on page 426)			
	Muscles for bones above shown on pages listed below:			
	(392 & 420-1, 402-3)	(410, 420-1, 415-6)	(411, 414)	(413, 420-1)

(T/r)	T11	rib 11	T12	rib 12
	(bones above shown on page 170, 231)			
	Muscles for bones above shown on pages listed below:			
	(22-4, 122-3, 175)	(47)	(53)	(25)

(T)	Mt MP3	Mt PP1	Mt DP3	Mt DP1
	(bones above shown on page 488)			
	Muscles for bones above shown on pages listed below:			
	(480, 483-4, 497-9)	(480, 483-6)	(456-8)	(456-9)

The following page is an attempt to update the material in the reference to the sesamoid bones found on Pages 400-402, which has been left as the original reference to the sesamoids from the 2017 Original Book. Following this page, Part 3 will be concluded with the culminating essay of all these years of attempting to discover how the human body actually works.

July, 2024 Update to the Role of L5 Initiating 4 Sets of Sesamoid Bones to Oversee the Functioning of the Human Body and the Possible Role the 4 Sets Play in That Functioning

DIMENSION OF TIME

L5 - That which can let humans respond during inhalation to the gravitational flow giving them the ability to accord to the flow or, alternatively, exit the flow to occupy a range of spots effectively altering their ability to accord to the flow**: Surely the arbiter of GRAVITY. (Gyri)**

Pisiform - That which can hold humans steady during exhalation as they respond to the gravitational flow providing their bodies with changes to structures needed to maintain the bodies' ability to accord to the flow or, alternatively, give humans the ability to hold steady in exiting from the flow by means of the formation of structure**: Possible arbiter of a HIGGS FORCE. (Teeth +)**

DOWN / UP DIMENSION (To or Fro from Flow-Exit-Place / Back from To or Fro)

Mc Ss 2 - That which lets humans correlate needed Down/Up response to their inhalation response to the gravitational flow or, alternatively, lets them move to or fro from Exit-Place**:**

Possible arbiter of the STRONG FORCE. (Body-frame bones)

Incus - That which can hold humans steady during exhalation as they maintain their correlated reaction to any needed Down/Up adjustment to their inhalation response to the gravitational flow or, alternatively, serve as marker to displacement in the flow as Mc Ss 2 returns back to its pre-inhalation Exit-Place in the flow**:**

Possible arbiter of the ELECTROMAGNETIC FORCE. (Skull bones)

RIGHT / LEFT DIMENSION (Reach Away / Back)

Mc Ss 1 - That which lets humans correlate any needed Right/Left response to their inhalation response to the gravitational flow or, alternatively, lets them reach right or left from their to or fro movement from their Exit-Place in the gravitational flow**:**

Possible arbiter of the Z BOSON of the WEAK FORCE. (Finger bones)

Hyoid - That which can hold humans steady during exhalation as they maintain their correlated reaction to any needed Right/Left adjustment to their inhalation response to the gravitational flow or, alternatively, serve as marker to displacement in the flow as Mc Ss 2 returns back to its pre-inhalation Exit-Place in the flow**:**

Possible arbiter of W+ and/or W- BOSONS of WEAK FORCE. (Cervical etc. vertebrae +)

FRONT / BACK DIMENSION (Range Away / Back)

Mt Ss 1 - That which lets humans correlate any needed Front/Back response to their inhalation response to the gravitational flow or, alternatively, lets them range away from their to or fro movement from their Exit-Place in the gravitational flow**:**

Possible arbiter also of Z BOSON of the WEAK FORCE. (Toe bones)

Patella - That which can hold humans steady during exhalation as they maintain their correlated reaction to any needed Front/Back adjustment to their inhalation response to the gravitational flow or, alternatively, serve as marker to displacement in the flow as Mc Ss 2 returns back to its pre-inhalation Exit-Place in the flow**:**

Possible arbiter of W+ and/or W- BOSONS of WEAK FORCE. (Thoracic vertebrae/ribs)

A Treatise on How the Human Body (Possibly) Actually Works: A Patchwork Essay of Piling-On Insights (also found on Page lxi at end of Epilogue as Prologue + added comments)

I shall now type onto these pages made blank in the 2017-copyrighted book the hand-written summation I am just now completing in June, 2024 (with much autumn expansion) of the levels of functioning of the human body available to the human being which my many years of discoveries of these matters have suggested. It is a sometimes personal account as in its beginning.

I seem to have one primary weak link in my body which determines everything that is happening in it (could this be true for most of us, that is, only one primary weak link and it possibly being a rib, on one side or the other?) My weak link seems to be left Rib 10 with the muscle with which I associate Rib 10, the digastric.

What happens with left Rib 10 seems to determine the disposition of the structures which control the destination of each inhaled breath and, then, the disposition of the structures which control the handling of that inhaled breath during exhalation.

And what is happening to that breath during each breath cycle determines the direction of everything that will happen in my body.

Optimal Functioning, the First of 4 Possibilities for Bodily Functioning

If the space in which my left Rib 10 exists can be kept fully expanded during an inhalation, then the soft palate will be raised to close off the nasal cavity from the pharynx so that no breath can enter the pharynx to go to the lungs, which is as it should be as will be explained in this essay. However, during this inhalation, the incisive canal through the hard palate will remain open in order for breath needed by the lungs and the body for construction purposes and system maintenance (as well as the first step-down from what I speak of as optimal functioning, stepped down in this first case by way of what I propose to be gap-junction ion channels) can go to relevant structures by way of the oral cavity and the oropharynx.

In large part, the manner in which fuel (energy) for the functioning of the body is being provided during inhalation is determined by the disposition of the soft palate. If it is up closing off the nasal cavity from the pharynx, then I hypothesize the condition is met for the body to be able to use its mirror-imaged structure that allows for either (in optimal functioning) the direct manipulation of its mirror-imaged structures, quite likely by means of the body's system of connective tissue, to let gravity do the work so that it is the participation of the human entity in the direct flow of the gravitational "stream" of our universe which is responsible for its energy for functioning or, alternatively, in the first step-down from optimal functioning, that allows for the use of energy for functioning by means of calling on the spatial-dimensionally mirror-imaged structure as propelled to work partially by impulses from gap-junction ion channels which are associated with the mirror-imaged structures.

If the soft palate is not up during inhalation, then energy for bodily functioning will require the aid of electrical or chemical energy provided by means of voltage-gated or ligand-gated ion channels. This essay will present the proposed circumstances necessary leading to the body calling on the aid of each of these three types of ion channels.

The book of which this essay is a part is ultimately directed toward attempting to discover and explain a manner of optimal functioning for the human body which will not lead to disease, aging and death.

In keeping with that ultimate purpose by initially discussing optimal functioning, I shall continue the story now at the peak of the discovery of that which my discoveries imply is necessary to engage in the optimal bodily functioning which is likely to allow the human body to constantly adjust to the universe of which it is a part in order to avoid disease, aging and death.

The story picks up at the end of the inhalation described in the story's beginning. It is likely it was a somewhat uncommon inhalation because it was into a nasal cavity closed to the pharynx due to the soft palate being up to close off the nasal cavity from the pharynx.

I propose humans mostly do not keep their soft palate up so that the only breath available to the lungs is by way of the incisive canal in the hard palate to the oral cavity and the oropharynx.

However, if a human does inhale into a nasal cavity closed to the nasopharynx by means of an elevated soft palate, then he/she has completed the first part of the first step, the inhalation step, toward optimal functioning. There will be a second part to the first step for optimal functioning, which will be an arrangement in the nasal cavity that must be maintained during exhalation if optimal functioning throughout a breath cycle is to occur. This second part of the inhalation step, as well as the entire exhalation step, are quite hard to be arranged to occur as they should for the overall body and are probably seldom accomplished.

That which is necessary to achieve optimal functioning during an entire breath cycle, which likely allows the body to require nothing more than gravitational energy for its functioning by means of its use of its mirror-imaged structures, is now - in mid-autumn, 2024, as I wend my way toward completing this 2024 version of my 2017 copyrighted book - announcing itself to my slow-grasping brain! To answer my on-going question of why it has been so hard to achieve and maintain the optimal alignment of my body, FINALLY I have realized that breath capture and retention above the hard palate by way of an elevated soft palate, which allows no breath escape into the nasopharynx, IS NOT SUFFICIENT, by itself, to provide the pathway to optimal functioning. What is required to achieve optimal functioning is that breath must be inhaled high enough into one's nasal cavity for it to play a role in its effect on the cribiform plate, which forms the roof of the nasal cavity, to give the sensation that inhaled breath has reached the brain cavity above the cribiform plate and that, before exhalation begins, the cribiform plate must be closed to the possibility of escape of any of this possible brain-cavity capture of breath except by means of whatever is taking place in the body during this brief moment to cause there to be what must surely be electromagnetic wavelengths of energy from the six (6) exit routes of the body, those being 1) the urethra, 2) the skin and armpits in particular, 3) the lactiferous ducts, i.e. nipples, 4) the anal canal, 5) the eye, 6) the vagina/penis.

The closure of the cribiform plate mentioned above is surely effected by the extreme forward and upward thrust of the crista galli which will cause the maximum straightening of the posterior longitudinal ligament with appropriate rotation of the sacrum top. (See the 2nd Part of the Epilogue as Prologue entitled "The Posterior and Anterior Longitudinal Ligaments.") A person can feel the entire floor of his/her pelvic cavity being pulled together and tightened upward, especially the entire anal canal and its handmaiden, the cerebellum. It is this that has the effect on the body's 6 exit routes, which gives the sensation of an outflow of what I have deemed to be electromagnetic energy.

That which I have described above has never seemed a likely possibility, in spite of the extraordinary sensation associated with having developed the capacity to be able to do it, until a person recognizes and accepts the possibility that the sensation could be the result of the entire concentration of the body, its 37.2 trillion cells, having become available to apply pressure to the breath in the nasal cavity, and wherever else breath is directed during optimal functioning, to cause that breath to do what is needed to create the electromagnetic wavelengths and direct them from the body.

It has required years to make the connections necessary to discover what has been written above and more years to determine at least one relatively assured way of achieving the structural

arrangements needed for optimal functioning throughout a breath cycle. That one assured way, insofar as a human is able to do it, is to inflate the space, or be sure it is already inflated, in which his/her weak link exists so that the space can apply no pressure on the weak link during inhalation or exhalation to become compressed or collapse in any way or do anything except be as fully as it ought to be as possible. There will be constant effort of this weak link to return to its weakened state.

(I have learned that I must call on the proper fixation of the relevant dermatome of the body for that day, all of which is discussed in this book, as well as assuring that the condylar process of the mandible on my dominant side is well elevated in its mandibular fossa, as I begin exhalation if I want to assure that the area of my weak link will stay expanded during exhalation.)

In considering why it is so hard to achieve the optimal functioning of which I write, I review the several connected concepts to which my years of pondering these matters have brought me. The first concept is that everything that exists is connected, entangled (the butterfly wing effect) so that everything depends on everything else. The second concept is that, if I do have only one big defect from birth by which I have always operated, and I discover that defect and a means of getting rid of it in an unusual way, not by means of the usual way of slowly moving toward death with consequent slow adjustment of everything else until I and my defect are no longer there, but by the unusual way of suddenly eliminating, even momentarily, that defect which is incorporated into the way everything works, then it has made sense to me that it would naturally be very hard to achieve a continual riddance of such a defect which has the whole connected, entangled universe insisting on its continued existence due to slowly formed structural formation.

I return now to the story I have begun in the description given of the manner of functioning of the human body referred to as optimal functioning with the given description of how this optimal functioning is to be achieved. Throughout this essay there is reference to the need for balance between the two parts of mirror-imaged structure. These references will be to that which maintains balance in the three spatial dimensions of the body, its up/down, right/left and front/back orientations. However, it became obvious that optimal functioning would require an additional balance if it were to be achieved and maintained. This would surely be balance of the body in relation to the dimension of Time. My concept came to be that balance in this regard would allow the formation of electromagnetic wavelengths of energy to flow from the body leaving the body at the end of each breath cycle in an altered state ready to achieve a next altered state according with a next outflow of electromagnetic energy. But how was this balance to the Time dimension to be achieved**;** what would be the structures involved? The structures would be the posterior and anterior longitudinal ligaments, and it would be their relationship to one another which would determine much about the functioning of a human body. Optimal functioning would require (as best as I can tell it) that both these ligaments exist in a state of constant resistance to allowing there to be any incongruence in their balanced pull, back to front and side to side, on their vertebral-structure attachment sites which would result in an unbalanced pull on the one or the other of their corresponding attachment sites which would cause uneven balance of the series of sites to one another. I refer again to the 2nd Part of the Epilogue as Prologue entitled "The Posterior and Anterior Longitudinal Ligaments."

The remainder of the story in this essay will enumerate and describe the ways in which optimal functioning is prevented from occurring, which I believe to be the general case universally.

The Second of 4 Possibilities for Bodily Functioning Describing the First Alternative to Optimal Functioning

There will be three primary situations which prevent optimal functioning by means of direct participation in the gravitational "flow" as the source of energy for the body's functioning (with the last of the three itself having 3 possibilities for occurrence). I shall discuss now the first situation which does not allow for optimal functioning even though the inhalation phase of the breath cycle has begun to set the stage for optimal functioning to occur.

Inhaled breath has gone to the nasal cavity closed to the pharynx by means of an elevated soft palate. The breath needed by the lungs (for structure formation, etc.) traverses by way of the incisive canal through the hard palate to the oral cavity and oropharynx. However, the process of inhalation has not involved a general rise in the roof of the nasal cavity such that, during exhalation, the nasal cavity is completely closed. Therefore, any breath remaining in the nasal cavity, and any other unused breath, is simply expelled by way of the nose.

Because this is not optimal functioning, which allows the body to access the gravitational "flow" to move along with it causing gravity, by way of the body's mirror-imaging, to manipulate structure for its functioning as I have proposed, then there must be an alternative to participation in the gravitational "flow" as the source of structure manipulation.

I further propose that during inhalation into a body with an elevated soft palate to close off the nasal cavity from the pharynx, breath can be directed into the relevant one (mirror-imaged), of an extensive series of Breath-Receiving Areas of the body (see Table on Page xxiv), the pressure of which in these areas, if this were optimal functioning, would respond to brain signals to manipulate relevant mirror-imaged structures, all of which have specific associations with Breath-Receiving Areas.

However, if the human could not do the hard thing during inhalation of arranging the upper nasal cavity structure (cribiform plate) in such a way as to allow a high-reaching inhalation possibly to carry breath toward or into both sides of the brain cavity as well as the nasal cavity, along with, during exhalation, maintain previously achieved inhalation-elevation, or now elevate structure to a degree of closure against any breath escape from its capture during inhalation, as described in the previous paragraphs of this essay for optimal functioning, then there is a second situation which can occur so long as the human has continued to keep his soft palate elevated to close off the nasal cavity from the pharynx throughout the breath cycle. During exhalation, I hypothesize the body does not make body-wide use of the breath in the Breath-Receiving Areas to manipulate structure in response to brain signals for an activity to occur, maintaining that occurrence exclusively as a non-dominant-side happening which is the situation to be addressed in the next part of this essay, but, instead, for the dominant body side, activates gap-junction ion channels to provide whatever their form of messaging to manipulate dominant-side structures to mirror-image the non-dominant side, complementing the optimally-aligned non-dominant side structures (see next section) to bring about movement. (See footnote at the end of this essay.)

The Four Dimensions and Necessity for ½ of Human to Maintain Optimal Alignment and Functioning In Order for Life to Continue

It is at this point in my story that I believe it will be useful to reference again the roles I have discerned of the four dimensions in which humans operate, the dimension of Time and of the three spatial dimensions, the up/down, right/left and front/back. I have predicted it will eventually be shown that whenever a human is actually able to be optimally aligned to engage in optimal functioning throughout a breath cycle, then that human will have accorded himself in a specific way to the action of gravity in its relation to the dimension of Time. His existence and functioning

will result in pulling-together activity, that is, contraction rather than expansion activity of the environment in which he exists. I propose that he is taking in environment to be involved in some way in creating wave-lengths of electromagnetic energy to send forth back toward its source. It would seem, then, that he would be moving the directional flow of our universe back toward its beginning rather than toward continued expansion away from beginning.

There came a time during my consideration of all these matters, based on my growing awareness of how my bodily structures were performing - recognizing that the structures on the overused dominant side of my body, when I wasn't paying attention, did not seem to mirror what those on my non-dominant side were doing - in which I came to wonder whether there could be a possibility of my non-dominant side maintaining a necessary body pattern related to optimal functioning in order for my body to go on functioning. The pattern on my non-dominant side always seemed to be the pattern of my entire body when I was engaging in what I thought to be optimal functioning whereas the structures on my dominant side sometimes seemed to be off in la-la land.

At last, after so much time observing and deciphering my bodily functioning, I could not avoid concluding the likely possibility that, in order for life to continue, one half of the body must continue to function as though it is part of an optimally functioning entity. It must utilize the 24 Breath-Receiving Areas in their proper sequence for that particular entity to bring about optimally arranged one-sided structures for any given movement with it then being necessary for the one-sided structure to be complemented on its companion side, when balance is lost to that companion side, by means of what I could only conclude was mechanical energy being provided by gap-junction ion channels or electrical energy provided through the intervention of voltage-gated ion channels or chemical energy provided through ligand-gated ion channels.

When breath is taken into a nasal cavity closed to the nasopharynx throughout a breath cycle but otherwise left open, it would seem there will be no possibility of it serving to bring about emission of electromagnetic wavelengths of energy during exhalation, both because no breath has been inhaled high enough to bracket or traverse the cribiform plate on the dominant side of the body and because there will be no resultant closure of the dominant-side cribiform plate to transform captured breath to electromagnetic energy. This breath will simply be expelled by way of the nose during exhalation as gap-junction ion channels, surely in connection with breath to relevant Breath-Receiving Areas, are instrumental in causing the manipulation of mirror-imaged structures to complement those of the necessarily optimally-aligned non-dominant side structures to provide energy for bodily functioning and as the breath that has gone to the body by way of the oropharynx (to its relevant Breath Tracks as shown in the tables of this book) provides the needed breath for maintenance of structure and systems. I hypothesize that the human in this situation, by making use of the still-existing balance in the three spatial dimensions, is simply holding steady in his place in the universe contributing to neither its contraction nor expansion.

As soon as the nasal cavity opens to the nasopharynx due to soft palate lowering, allowing breath to traverse to the lungs by way of the nasopharynx, a large change in bodily functioning occurs and a second situation arises which does not allow for optimal functioning. This is so because a lowering of the soft palate away from complete closure of the nasal cavity from the pharynx indicates that pressure has been brought to bear unevenly on some set of mirror-imaged structures so that these structures will no longer be able to serve in the balance and counterbalance necessary to provide the energy for bodily functioning. Then it becomes necessary for the body to utilize a second and a third type of ion channel system to handle the several situations which could exist as regards the traversing of the breath when the nasal cavity has opened to the pharynx.

Crossing of Brain/Body Pathways

Along with the occurrence of the nasal cavity being able to open to the pharynx by means of the existence of a soft palate which can lower to allow breath to the lungs, there exists the already mentioned 24 Breath-Receiving Areas (primarily in the head) which do not involve the need for a soft palate to open the nasal cavity to the pharynx to the lungs. These Breath-Receiving Areas will receive breath for the energy for bodily functioning during the optimal functioning which requires no breath to the lungs by way of the nasopharynx. In bodily functioning based on gravity as its source of energy for manipulating structure directly or on an alternative energy based on the proposed intercession of gap-junction ion channel impulses, because the mirror-imaged structures are remaining balanced to one another, the manipulation of these structures can cause the movements necessary for the body to function. If the mirror-imaged structures become unequal and out of balance to one another, they can no longer serve to produce bodily movement. Then the body has several ways of allowing movement for functioning to continue to occur, one of which involves the up/down dimension depicted in this book necessitating the aid of electrical energy, to be next discussed, and one of which leads to the curious situation for functioning, the Decussation of Pyramids, as referenced in the opening article of this book's Epilogue as Prologue. In this latter situation the pathways between the brain's signaling and the body, which will receive the signals, switch sides with a crossing of the pathways at a location on the brainstem referred to as the Decussation of Pyramids. This manner of functioning, which will be the last, the 4th manner described, with opposite side signaling between brain and body, is mentioned now because it seems to underlay all other ways of functioning even though it feels like an add-on method when all else had failed.

The circumstances determining whether the optimally arranged one-sided structure will be complemented by electrically or chemically produced energy would seem to be very precisely dependent on the arrangements of the body's soft and hard palate.

The Third Possibility for Bodily Functioning Which Is the Second of the 3 Alternatives to Optimal Bodily Functioning with First Spatial-Dimensional Imbalance (as described for most of the author's life-time of bodily functioning)

The body has an upright state away from which it can sag into a more and more relaxed state. The degree to which the soft palate is lowered in a person to allow breath into the pharynx to traverse to the lungs is based on this uprightness away from sag.

I shall describe now what I believer to be happening in my body when I am functioning by means of what I believe to be our universal manner of overall non-optimal functioning in a body relatively upright away from its relaxed (sagging) self. I am left-handed. Therefore, it is the left side of my body toward which all my activity has tended to pull, and it is this dominant left side which has experienced the wrongly-manipulated handling of its structures allowing for continued functioning as my unevenly balanced mirror-imaged structures engaged in their unknowing life-long inability to work in concert without special aid. From the situation presented by my own functioning, observed over many years, I hypothesize that it is the non-dominant right side of my body, as a left-handed person, which is able to maintain its optimal alignment. Due to an extended exploration of what my body parts are doing, and where my breath is going when I am functioning with a body which is maintaining a relatively upright posture away from the relaxed posture toward which it can so easily sag, I have discovered that ½ of bodily functioning, which I hypothesize is required to be optimal functioning in order for life to continue, is carried forth completely on my non-dominant side as regards involvement of both head and body structures.

Meanwhile, what has happened on my dominant, relatively upright side is that my soft palate has lowered to allow breath to traverse by way of the dominant-side nasopharynx to the lungs. This will be in connection with the uneven balance of dominant side structure to non-dominant side structure which was instigated by the dominant side lowering of the soft palate to allow breath to exit the nasal cavity by way of the nasopharynx to the lungs.

I propose it is this arrangement of breath to the lungs which is instrumental in creating the circumstances allowing for there to be activation of voltage-gated ion channels to provide the electrical energy needed to bodily structures on the misaligned dominant side of the body to complement the optimally arranged structures on the non-dominant side to allow for bodily functioning. I further propose that this is the situation existing when there has not been a complete communication break along the dominant side thoracic spine. Also, it would seem useful to state here that my experience would indicate that the body is quick to respond to the minimum level of sag away from the referenced uprightness, which could result in a complete communication break along the spine that would call forth the need for activation of ligand-gated ion channels and chemical messaging and breath being handled differently than when there was relative uprightness, all of which matters will begin to be addressed after the following caveat regarding this third possibility for bodily functioning requiring the aid of voltage-gated ion channels.

The Third Possibility for Bodily Functioning Continued:
Up/Down Spatial-Dimensional Imbalance Requiring Aid of Voltage-Gated Ion Channels

As has happened before, I find that I am writing myself toward clarity. I have described above what I believe is happening in my body in this first step-down into functioning by means of the first disruption to balance of the body's spatial dimensional mirror-imaged structures, which surely occurs in the up/down dimensional structures and with voltage-gated ion channels being the means to provide electrical energy through the use of the electromagnetic force to allow functioning in a body with up/down structure misalignment.

In writing of what seems to be my body's own manner of dealing with the lowering of the soft palate to allow breath to traverse from the nasal cavity to the lungs by way of the nasopharynx (or from inhalation by way of the mouth to the lungs by way of the oropharynx), I have simplified the surely much more complicated situation of a soft palate which can be instrumental in allowing breath to exit the nasal cavity into the nasopharynx in a continuum of ways. To correct this simplification, I shall state that there must surely be the continuance of a line of functioning in my body that could be said to be a line of optimal functioning carried through a continuous series of ½ the mirror-imaged structures of my body to serve as a template for how there will be conducted the sources of manipulation of the misaligned ½ of mirror-imaged structures which must complement the optimally aligned ½.

When I write of voltage-gated ion channels as the means of providing needed energy to activate misaligned bodily structures, I am writing of a family of ion channels, and, within that family of voltage-gated ion channels, there are said to be related families. I would propose that the continuum of ways in which a lowering soft palate can allow breath to exit the nasal cavity to the nasopharyn to traverse to the lungs will be handled in connection with the existence of the related families of voltage-gated ion channels.

The Fourth Possibility for Bodily Functioning: the "Black Hole" Lung Lobe and the 3rd And Last Alternative to Optimal Functioning with Remaining Spatial-Dimensional Imbalance Requiring Aid of Ligand-Gated Ion Channels

In the above described situation involving a relatively upright bodily posture, the breath that goes to the lungs by way of the nasopharynx will go to the dominant-side Breath Tracts

shown in the Tables of this book's Epilogue as Prologue for the given day. However, as the body relaxes (or sags) away from uprightness, change occurs which results in how the breath is handled and this change is directly related to the way in which the body is able to make use of its lung lobes. In monitoring my body, the change of which I speak can be very noticeable and seemingly precipitous. Instead of sensation of breath going to the just mentioned Breath Tracts, there comes to be, more and more strongly noticed as relaxation or sag increases, primarily sensation of breath going to what I came to refer to as my body's very own Black Hole which, for me, was the lower left lung lobe.

When a person has arrived at levels of relaxed bodily misalignment of structures which can involve one of his/her 5 lung lobes to such an extreme extent as to become that which I came to refer to as a "Black Hole" lobe, this would indicate the curious-seeming situation has arisen as discussed in the above portion of this essay which addresses the "Crossing of Brain/Body Pathways." It is hypothesized that the non-dominant side of the body itself continues to function optimally but with the dominant-side head now organized to be its functional extension. However, on the dominant-side body, I propose that when I sense my lower left lung lobe has begun to receive breath (suggesting that its role as "Black Hole" is now activated), then I am in the midst of three (3) different possibilities for how the body will function when it has sagged into a misalignment great enough to break communication along the spinal column such that it becomes necessary for there to be activation of another type of ion channel, the ligand-gated ion channels.

Activation of this particular type of ion channel implies a great deal about what has happened in the body. I shall quote from the 3rd Part of the Epilogue as Prologue which begins this book**:** *For some time, I had noticed that when I allowed sufficient relaxation in my body, which meant sufficient sag into old body alignments, there would be a significant sensation of pressure in the area I associated with the location of the left inferior lung lobe. There was also the sensation of my lower spinal column having skewed noticeably leftward. It was not hard to strongly suspect that I was allowing my body to do what I had already hypothesized it would do given the needed circumstances. It had broken communication lines provided by the thoracic spine between the upper cervical spine and the lower lumbrical/sacral/coccygeal spine. I had further hypothesized that this was the circumstance which had required the body to develop ligand-gated ion channels which could divert communication out and around breaks in communication channels. This would all be done chemically so that I came to speak of chemical energy as being required to maintain bodily function.*

The three different possibilities for how the body will function when it has sagged into sufficient relaxation to require the aid of ligand-gated ion channels in order for functioning to continue will hinge on the manner in which breath for the misaligned dominant side is being provided. The Decussation of Pyramids, introduced above, will have taken place due to the complete break in communication along the spinal column requiring the aid of ligand-gated ion channels and chemical messaging. Since signaling between brain and body will have switched sides, breath for the dominant misaligned side will now be directed along the non-dominant side nasopharynx from the soft palate, providing the first level of breath allowed to access the lungs by way of exit from the non-dominant side soft palate with there being two more levels in connection with opening portions of the hard palate's incisive canal, the 3 situations being 1) a partially lowered soft palate on the non-dominant side of the body, 2) a somewhat more lowered soft palate on the non-dominant side of the body plus the opening of the incisive canal on the non-dominant side, and 3) the maximum lowering of the soft palate on the non-dominant body side and opening of the incisive canals on both sides.

A Summing Up Before Addressing In-Depth the Complicated Fourth Possibility for Bodily Functioning with Speculation on the Progression of Events Leading to the 4 Possibilities for Bodily Functioning

Before further addressing the three primary possibilities for how the body will use ligand-gated ion channels in this 4th category of bodily functioning which will now require the aid of chemical energy for functioning when 1) gravitational energy by itself or 2) gravitational energy with the aid of mechanical energy (gap-junction ion channels) or 3) gravitational energy with the aid of electrical (voltage-gated ion channels) energy is no longer sufficient, I shall do a bit of summing up along with mentioning new concepts needed for introducing the 3-prong situation that obtains when chemical energy becomes necessary for continued bodily functioning.

In sum, and as mentioned, there is 1) seldom called on optimal functioning by means of what I have been in the habit of referring to simply as gravitational energy utilizing the body's mirror-imaged structure and what I predict to be its connective tissue. There is 2) sometimes used balanced spatial dimensional functioning by means of what I came to refer as mechanical energy still utilizing the body's mirror-imaged structures which I propose are now activated in association with gap-junction ion channels. There is 3) the first of the two primarily called on misaligned manners of functioning by means of electrical energy through voltage-gated ion channels activating the misaligned half of mirror-imaged structure in order to complement its aligned half. Finally, there is 4) the second of the two primarily called on misaligned manners of functioning by means of chemical energy through ligand-gated ion channels activating the misaligned half of mirror-imaged structure to complement its aligned half.

It will be useful now to comment on the relation of the four manners of providing energy for bodily functioning to the body's necessity to address the requirements of the four dimensions in which it exists.

First, the body exists in Time. If it can engage in optimal functioning, then I hypothesize it exits the realm of that which allows Time to exist which is the realm of all those hindrances to gravity's free flow back to source. It would seem that it was some initial hindrance in what I conceptualize as the gravitational flow which was the source of the initial structure which created an entity that would exist in the Time of the gravitational flow but would eventually develop the ability to function in the 3 spatial dimensions of up/down, right/left and front/back. Surely, at first, this entity only possessed to and fro movement as needed to be responsive to the gravitational "flow," this being its up/down orientation with there developing the means to reach away (right/left) from up/down and, then, move away (front/back) from up/down. The presently existing human body would seem to indicate that its beginning was associated with mirror-imaged structure which could play off itself, using gravity, to allow for necessary movement, the category of functioning I refer to as optimal functioning by gravitational energy. As suggested in this essay, to achieve and maintain optimal functioning is quite hard to do and is likely seldom done by the human organism or any other.

It seems likely that when the complexity of development became too great to allow the simple initial system to continue to easily provide capacity for movement, then aids for manipulating mirror-imaged structure developed. Now we come to the body existing in its stages of having lost the ability to flow along with the gravitational flow and needing aids to continue to exist at all in this flow stream.

As found in the human at present, the first of the aids for continued human existence I have proposed to be for a body that is able to maintain sufficient balance in its mirror-imaged structures

so that there is only needed the intervention of impulses from gap-junction ion channels to manipulate the mirror-imaged structure. I refer to this category as functioning by mechanical energy, and I speculate that the body is no longer accorded to the gravitational flow "to flow along with it" but is simply holding steady in it based on its ability to remain balanced in the 3 spatial dimensions. There would seem to be no overall functioning of the vast majority of human bodies in this category since this manner of functioning requires that the soft palate remain up to close off the nasal cavity from the pharynx so that no breath goes to the lungs by way of the nasopharynx.

Result of Our Universal Manner of Functioning Based on Our Universally-Used Debilitation-Causing Breath Destinations Correlated with the 3rd and 4th Possibilities For Bodily Functioning (always based on imbalanced mirror-imaged structures) with a Digression to Explain Basis for the Entire Book

Finally, in my summing up endeavor, we come again to the remaining two manners of functioning of the human body, based on imbalance of mirror-imaged structures, which I hypothesize are our universal manners of functioning and lead to our diseases and eventual death and which, so far, we have ever only used.

When a portion of the soft palate lowers from its role of maintaining closure of the nasal cavity so that breath exits into the nasopharynx to go to the lungs, even though it is hard to credit there being such a distinct connection, this lowering of the soft palate allows the first imbalance to the body's mirror-imaged structure responsible for maintenance of spatial dimensional balance. As said, this first imbalance in spatial dimensional structure will be to selected structures needed for functioning in the up/down dimension, and I have proposed that this particular imbalance will be mitigated by voltage-gated ion channels providing the electrical energy necessary for the electromagnetic force to allow continued functioning in the face of up/down structure imbalance.

I have made frequent reference in this essay to bodily structure for spatial dimensions. However, there is not likely to be found elsewhere, than in this book, any reference to that of which I write. This entire book is based on connections that I, the author, began making many years ago among the body's structures, connections between its bones and muscles and organs and so on and how these structures relate to the needs of the dimensions in which we function. Much of this connection-work was done purely by months and years of repetitive ferreting-out-activity by means of sensation. The result came to be my Periodic Table of Elements / Correlated Human Body Structures (Page 1 of this book) and the many tables found in this book which lay out the structures responsible for bodily movement in the 3 spatial dimensions which change daily (or 3 days by 3 days) throughout a year. Therefore, when I refer to "selected" structures responsible for functioning in the up/down dimension, as I did in the previous paragraph, I refer to structures very specific to a particular person for a particular day in his year, which can be determined from the many tables of this book. A great deal of work is likely required to still be done before there can be any general understanding and use of these tables.

To conclude this essay with a discussion of the final way, the 4th way, in which energy is provided for the body's functioning - this being the 2nd of the 2 manners involving imbalanced mirror-imaged structures which I deem to be our universal manners of functioning, first with the aid of electrical energy use and now with the aid of chemical energy use - I propose that this 4th way provides a 3-prong situation coming to exist when the body has relaxed (sagged) to the extent that ligand-gated ion channels are activated to provide chemical energy for bodily functioning. I introduce this situation with reference to the most basic reality of what is occurring in all this about which I write. To those familiar with the language of the discipline of physics, then it is reasonable to speak of all that is happening as the excitation in quantum fields and that the

particles of which we speak for forming all physical structure result from those excitations.

I digress from my story in this way in order to suggest an aspect which may bear investigation if there is validity to my story. That aspect is in the associations I have made of the 4 forces of nature - gravitational, strong, electromagnetic, weak - with the 4 manners of functioning I have described as based on the types of energy needed for that functioning - 1) optimal functioning by means of gravitational energy under the aegis of the gravitational force, 2) functioning by means of manipulation of spatially balanced mirror-imaged structure in the three spatial dimensions through impulses provided to these structures by gap-junction ion channels, with my proposal in this case that it will be the strong force, with its quark and gluon particles, which will be associated, in particular, with this second manner of functioning, 3) functioning when there is first imbalance in the structures overseeing a spatial dimension, in this case, the up/down dimension requiring aid of the electromagnetic force instigating activity of voltage-gated ion channels to organize out of balance up/down structure in order to complement still-balanced mirror-imaged structure. . .

It has been a long, quixotic-seeming journey in this effort I have made to try to figure out how the universe works based on my sensed-out version of how the human body works. However, to relate the four named forces of nature to trends I was finding to exist in human bodily functioning appeared to be quite reasonable, particularly as I began equating the structures for the spatial dimensions with the needs of aspects of the universe. There was gravity, purely an attractive force, so I asked myself wouldn't the formation of matter, responsive to a waxing and waning of gravity's pull, not possibly be associated with what I referred to as to and fro response to the attractive force of gravity yielding an organizational system to serve as an up/down dimension in relation to gravity's pull?

Then, becoming really fanciful in my questions to myself, I asked if there came to be resistance to that pull but still there was only reference to matter formed to be initially responsive to gravity's pull, perhaps in early days of matter formation, would it not make sense that a force which could resist early gravity's pull would need to be quite strong and strongly bind together whatever the particles of matter, thus yielding a force which would develop its own way of manipulating matter particles which weren't keeping up with gravity's pull on them, this being in the form of a system of gap-junction ion channels.

Then, faced with the beginning of spatial dimensional imbalance among the matter particles which have come to exist, would it not be the machinations of a developing electromagnetic force which would come to the aid of imbalanced mirror-imaged up/down dimensional structures when that aid was needed to allow the entity to continue to exist?

But then what happened? There had wanted to be "reach away" from the up/down dimensionally-structured entity so that structures for a right/left dimension had needed to develop correlating with those of the up/down dimension, all working together when all was in balance but with need of corollary aids when disruption to balance occurred.

My inclination at this point was to say, "chemistry to the rescue," not just now in my story, as aid to the human entity, but with chemistry having provided aid through comparable situations for my proposed six systems of universe organization, that is, universe itself, galaxy clusters, galaxies, solar systems, living organisms, something smaller.

It is hard to know how to transition now from initial development in what would eventually result in a human being to stages in that development requiring the aid of the 4th force of nature along with the gravitational, strong and electromagnetic forces playing their role, that is, the weak force. I came to realize that the transition was difficult because of the complexity

involved in a situation in which there was extension away from the line of the up/down dimension outward to right/left, with there also developing structures allowing for movement away (rather than just reach away) from the up/down dimension providing correlated structures for a front/back dimension. With these added dimensions of right/left and front/back and their structures correlating to those of the up/down dimension, there would need to be correlating ability of these additional dimensional structures to what was happening in the up/down dimension as regarded balance and imbalance.

Amazingly, it seemed that all that would be happening really was based on where the soft and hard palate allowed breath to go. If there was nothing more than a lowering of what would seem to be a half portion of the soft palate, then only structures responsible for ½ the up/down dimension would need aid of the electromagnetic force, all acting on the side of the body that was misaligning, that is, the dominant side. The trickiness begins occurring in the next stage of what I hypothesize can happen with the way in which breath is directed. Along with portions of differing size of breath that are exiting the nasal cavity by way of the nasopharynx to the lungs due to a lowering soft palate on the non-dominant body side, there can be enough relaxation in the hard palate as to allow breath to traverse a portion of the incisive canal to the oral cavity and oropharynx to the lungs. All of this comes to be the situation in connection with the rather dramatic occurrence of signaling between brain and body switching sides.

My awareness of two things provided the clue that my lower left "Black Hole" lung lobe was going to be complicated in its role in the body's functioning. The first awareness came from my reading of the manner in which the weak force plays its role by having three force particles, a neutral Z boson with no electric charge, and both a plus and a minus W boson.

My second awareness was of a sensation I could create of my left lung lobe being able to have the sensation of breath to it without it being the usual overwhelming sensation of all my breath going to it when I was in full-sag mode.

So, apparently, there were levels of bodily sag associated with levels of breath going to my lower left lung lobe (my Black Hole lobe), and these levels were associated with the degree of lowering of the soft palate now on my non-dominant side combined with the portion of opening of the incisive canal. Meanwhile, it became obvious that the switch of signaling between the brain and body resulted in the dominant side brain now connecting with the non-dominant side body, allowing ½ of my body to continue to engage in optimal functioning, which I was now more than ever convinced was essential for life to continue.

There seemed to be three primary situations of levels of bodily sag being associated with levels of breath going to my lower left lung lobe as associated with levels of lowering of my non-dominant side soft palate.

First, and speaking first of **Breath:** there will be some lowering of the non-dominant side soft palate yielding breath to counterpart-opposite relevant lung-segment Breath Tracks (as shown in my many tables for a given person of a given day with an example being that if a person's relevant three Breath Tracks for that day were Left Lung Segments 3 and 6 and Right Lung Segment 9, then, in this situation, breath would be felt to go to their counterpart-opposites, i.e. Right Lung Segments 3 and 6 and Left Lung Segment 9). In addition, there will be a small component of breath to a person's Black Hole lung lobe. Speaking next of the interesting arrangements for **Muscles:** I predict that the dominant-side up/down spatial-dimensional muscles will reverse direction of stretch. This creates the situation of the dominant-side body for the up/down dimension adding the direction of its force to that of the still optimally functioning non-dominant side through the connected change in direction of activity of the relevant portion of the

dominant-side spinal column. I have predicted that the **Weak Force Z Boson** is the energy source for activating ligand-gated ion channels to provide whatever impetus is needed to relevant mirror-imaged muscles to instigate functioning.

Secondly, speaking first of **Breath:** in this progressing situation, there will again be some level of lowering of the non-dominant side soft palate plus now an opening of the non-dominant side of the incisive canal yielding breath to relevant lung-segment Breath Tracks plus, as well, the counterparts to these Breath Tracks plus a larger component to the Black Hole lung lobe. As regards **Muscles:** I predict that in this situation the dominant-side left/right spatial-dimensional muscles will reverse direction of stretch. This creates the situation of the dominant-side body for the left/right dimension, as well as the up/down dimension, adding the direction of its force to that of the still optimally functioning non-dominant side through the connected change in direction of activity of the relevant portions of the dominant side spinal column. It is predicted that the **Weak Force W+ Boson** is the energy source for activating ligand-gated ion channels to provide whatever impetus is needed to relevant mirror-imaged complementary muscles to instigate functioning.

Thirdly, speaking first of **Breath:** in this final situation, the non-dominant side soft palate will achieve its maximum lowering to add nasal cavity breath to that provided by the general opening of the incisive canal yielding sensation of most breath going to a person's Black Hole lung lobe (although there will continue to be traversal of the portion needed by Breath Tracts for body and system maintenance as well as that needed to go to the relevant dominant side Breath-Receiving Area to allow for the essential optimal functioning of the body's non-dominant side). As regards **Muscles** now**:** dominant-side back/front spatial-dimensional muscles will add their reversal of direction of stretch to that of the dominant side left/right and up/down muscles. The **Weak Force W- Boson** is the possible energy source for activating ligand-gated ion channels to provide whatever impetus is needed to relevant dominant-side mirror-imaged muscles to complement optimally aligned non-dominant side muscles to instigate functioning.

The breath that will be expelled on exhalation, in these situations in which there is lowering of the soft palate for traversal of breath from the nasal cavity to the lungs by way of the nasopharynx, will surely come from the lungs and will surely be the breath we consider to be the proper carbon-dioxide-laden exhalation. There is a likely correlation between the level of carbon-dioxide-laden exhalation and the degree to which the energy for bodily functioning depends on breath to the lungs which is not that provided by Breath Tracks.

(Footnote**:** There are 2 situations for the 2nd Possibility for Bodily Functioning with this only being possible if the soft palate is closing off the nasal cavity from the pharynx.

The first situation described here would seem to be the most likely**:** during inhalation the soft palate is easily up because the body's weak link has been restored to occupy its proper expanded space. Inhaled breath goes to the nasal cavity which is closed to the nasopharynx but open to the oral cavity and the oropharynx by way of the incisive canal, thus allowing breath to go to 6 Breath Tracks. On exhalation, the nose will be open for any breath remaining in the nasal cavity to be expelled as the breath in the 6 Breath Tracks plays its role in activating the gap-junction ion channels to manipulate structure in the body's 3 dimensions for movement to occur.

In the 2nd situation, the body's weak link has not been restored, but the soft palate has continued to close off the nasal cavity from the nasopharynx. It is noticeable that the path of the breath to the designated lung segment Breath Tracks has reversed to the counterpart opposite lung segments. In all these situations, the body continues to maintain at least ½ its optimal alignment.)

PART 4

Table of
Day 1, Day 2, Day 3
Extending-Body
Bob Hook Complexes and Aids
(as well as Bob Centers)
with
Supporting Structures for Each

(Yielding a 360-Day Year in 120 Sets of Bob Complexes)

PART 4

Table of

Day 1, Day 2, Day 3

Extending-Body

Bob Hook Complexes and Aids

(as well as Bob Centers)

INTRODUCTORY TEXT

Text for Table of Day 1, Day 2, Day 3 Extending-Body Bob Hook Complexes/Bob Centers

I come now to writing an introduction to the Table of Part 4 of my work.

The 240 pages of the Table of Part 4 have grown out of much that is contained in the remainder of this book. What is on the pages grew out of years of learning, primarily from anatomy books, the parts of my body and, then, sensing out the relationship of these parts to one another by the very slow, direct reading of actual sensation in my body as I manipulated its parts - slow, requiring years of refinement, because of the nebulous, confusing quality of sensation. The presentation of Part 4 in this book (this one being a 2024 revision of the 2017 Original) is the last of innumerable iterations of these relationships, and I believe it to have proven itself over and over through the several years of continued work and discovery since 2017 to be accurate such that I can declare it to be an essentially accurate final iteration.

The front and back of each sheet of the Part 4 Table represents one of the non-S-orbital bones found on Page 1 of this book in my Periodic Table of Elements / Correlated Human Body Structures. These are what I have named the 3-Day Bones (or Day 3 Bones), and there are 120 of them as represented by the following 120 sheets of the Table of Part 4. The remainder of the non-S-orbital boxes of the Periodic Table are represented by tooth structures and breath receptacles (lung segments and air cell sets and sinuses), which will appear in the Part 4 Table as structures associated with the 3-Day Bones.

Pendulum Bob or Pendulum

In order to attempt to explain the different sections on each of the following 120 sheets (front and back equaling 240 pages), I will proceed down the front of the sheet providing comment about the significance of the content of each box which extends across the page as I come to it more or less in sequence down the page. Where possible, I shall incorporate portions of the text from other parts of this book to give explanation. As regards the first 4 boxes, to explain how I came to refer to myself as an "8:52 a.m. 7/2/1939 HUMAN as Bob or Pendulum from Crista Galli as Hook or Pivot," I take from Page 388 of Part 6 the following paragraphs**:** There came a time in my work in which I had to accept "*that a living organism is intricately entangled with the universe, at different levels of remove, thus arriving at a concept from which I would work that each organism serves as a pendulum part or a pendulum itself in a universe composed of pendulums. What I had referred to for a long time as the fulcrum or balance point of the body became the Center of any body serving as a Pendulum Bob hooked in at the body's Crista Galli or it became (part of) the Bob Center for a Pendulum swinging from the Crista Galli serving as the pivot for what is now the body as a Pendulum rather than a Pendulum Bob. There is implied an enormous difference in whether the body serves as a Pendulum Bob or as a Pendulum. As a Pendulum Bob hooked at the Cristi Galli, the implication is that the body is directly entangled in what I came to think of as the universe flow (actually the gravitational flow) and must constantly alter itself to accord with the flow. In contrast, when the body is serving as a Pendulum pivoting from the Cristi Galli, then it happens that there is lost the possibility of a constantly accommodating fulcrum giving accordance of the entire Bob to the gravitational flow, with this loss allowing gravity to flow on leaving pendulums answering (in part) to other forces than gravity and thus requiring alterations within the pendulums based on the needs of the other forces."*

From this quoted section from Part 6 above, I am attempting to explain that I can align myself in such a way as to serve as the bob at the end of a pendulum's cord with the bob attached to the cord at the crista galli and with the cord hooked into what I propose to be the gravitational flow or stream. The material on the front and back of each sheet of Part 4 is a lay-out of the parts which need to be aligned on a given day in order for the human to serve,

as I have imagined or speculated, as a pendulum bob hooked directly into the gravitational stream and subject to constant alteration to accommodate itself to the stream. Also, this material shows the patterns to be followed in aligning the relevant parts in order for proper alteration to occur.

Throughout this material are the innumerable departure points at which the pendulum bob can lose its direct attachment at the crista galli such that a pendulum cord begins extending away from the crista galli with the body then coming to serve as its own pendulum, subject now to forces beyond the gravitational force. As the body becomes its own pendulum, no longer just a bob with a center, I have proposed that the parts of the body developed in conjunction with handling the dimensions through which it must move will come to be misaligned to one another requiring the use of non-gravitational forces which can deal in dimensions not balanced within themselves or to one another, or which can handle situations in which structures of one or another dimension become non-available to contribute to the functioning of the body in a non-passive way.

Sperm Meets Egg (see Page 470, "To Determine the Beginning Moment of You")

One of the many questions to be answered is how does a person quickly, easily determine at which minute of which day a sperm and egg join to begin their journey together as a human being? Perhaps it will be found that a simple reading of some aspect of a person's DNA will give the answer. I have determined that, for me, the minute and day was 8:52 a.m. on 7/2/1939. This determination was made by first proceeding backwards from my birth moment to what would have been the beginning of a normal gestation period. Then, I used sensation over a period of time to attempt to feel what would be the most appropriate moment of my beginning based on alignment of my parts issuing from various possible moments in the vicinity of what would have been the likely beginning moment of my gestation period when sperm and egg combined. I was possibly wrong in what I established as my beginning moment, but for the long faltering period through the years of developing the 240 pages of Part 4 through to the present, the first moment of me has felt correct as 8:52 a.m. on 7/2/1939.

Rotating / Revolving Earth

In the 2nd, 3rd and 4th boxes on the front of a sheet of Part 4 is found named the Bob Hook Complex or Aid (in an aligned body) for Day 1, then Day 2, then Day 3 in one of the sequence of 120 three-day cycles. There is then given a primary breath tract supporting that day's Bob Hook Complex or Aid followed by the structure which will be affected by incoming breath to have an effect on a gyrus of the brain for Day 1 leading to an arrangement of sensing organs of the eye, the ear, the nose or the mouth to serve in shaping the lens of the eye for transmission of spectral energy. Incoming breath on Day 2 will result in an arrangement of a cranial nerve with this affecting the 3-day cycle's gyrus and lens shape. Incoming breath on Day 3 will result in an arrangement of a spinal nerve carrying back its effect on the gyrus for the cycle and the shape of the lens.

I shall utilize now portions of the text for Part 5 ("Day 1, Day 2, Day 3 Flexing-Body Bob Centers") of this work, as further commentary on the material in the 2nd, 3rd and 4th boxes of the front of a sheet of Part 4 as well as, hopefully, provide some insight as to that which is found in the 5th, 6th and 7th across-the-page boxes of the front of the sheet. The emphasis is on theorized daily-changing centers-of-gravity. Hopefully, a reading of earlier parts of this work will give greater understanding of the source of the material in these boxes.

In the text for Part 5 (Page 359), I write, *"Based on the notions my discoveries have caused me to develop as regards the necessity of properly aligned bodies of living organisms to have day-by-day changing centers-of-gravity within themselves as Bob Centers, along with*

stabilizing to-be-altered structures (Bob Hook Complexes and Aids), it seems *reasonable to theorize (sensation in my aligned body as validation to the theory) that the Bob Center of an organism's body would be different when it is overall inputting and extending than when it is overall outputting and flexing.*

Thus, the following Part 4 Table (Page 116) *of my work is the 120 pages showing the Bob Centers of the human body for 360 days (also see Text end) of inputting/ extending.* Then, the *following Part 5* (Page 361) *of my work shows the Bob Centers of the human body during outputting/ flexing.* Unlike the inputting/ extending Bob Centers of Part 4, *these latter* outputting/ flexing Bob Centers of Part 5 *are the same throughout the year except that they differ Day 1 of a 3-day cycle from Day 2 and both Day 1 and Day 2 from Day 3.*

The Bob Centers during inputting/ extending (shown in the lower section of the 120 odd-numbered pages of this Part 4*) each endure for a 24-hour period perhaps because during that period the inputting body is resisting rotation and has come to be fashioned in such a way as to be able to catch the continuum of spectral energy from longer to shorter waves as the earth rotates and comes to travel with the direction of the on-coming spectral energy. The resistance of the body to rotation during each input (inhalation, etc.) of the 24-hour period reverts back* after each output (exhalation, etc.) *to the same general location within the body, presumably with the necessary mechanism in place during each input/output cycle to have altered that particular location appropriately to maintain the resistance.*

Then, I speculate, the resistance of inhalation is overcome by the strength of the urge to rotation and the body goes headlong into the mode of being-one-with-earth-rotation. There is now output as needed to accord with the body flexing toward rotation and the Bob Center of the body swings toward the part of it most free to flex toward the direction of rotation – and away from its "attachment" to the earth - the freer part of the body being the head. Therefore, during Day 1, structures of the head, the s-orbital bones, sequentially serve as the Bob Centers for the outputting/ flexing body.

Because the body is "attached" to the earth it can only fully succumb to going with earth rotation during flexion for as far as its "attachment" will let it. Then, during Day 2, the flexed-body Bob Centers will move away from the head and cycle over and over through the main-frame bones of the body like an upright spinning top. Finally, during Day 3 when drag has set in leading toward there coming to be a new Day 1 input/extend rotation-resistant Bob Center, the output/flex Bob Centers will run the gamut sequentially of all 180 Periodic Table structures of the body as though having to try each one fixed in its place before the body can move on to having a new rotation-resistant Bob Center for the next 3-day cycle.

But there arises still further possible answer as to *why the difference in a*n aligned *body's Bob Centers between the time in which the body is inputting/ extending and when it is outputting/ flexing.* To recap, it was proposed above that *during the input/extend cycle of a body (as in the first half of each breath cycle), there is resistance to the effect of earth rotation on it such that the body is freed to be responsive to the effect on it of the earth's revolution around the sun. The result of the effect on it of earth's revolution around the sun, which is likely consummated during the output/flex cycle (the next half of a breath cycle), has then prepared the body for its next resistance-to-rotation input/extend cycle.*

Perhaps the underlying difference between there being different Bob Centers for the input part of a cycle and the output part could *be that the incorporation of some part of the outside environment into a body (particularly one that is as aligned as it can be to the gravitational stream) changes the whole big outside environment of the earth.*

Since the change in the whole big outside environment being caused by the inputting body ultimately alters the relationship of the earth to the sun, the sun pressure on the inputting body will have altered at the beginning of each input/extend cycle in a minutely

small way, but in a big enough way, to cause the altered sun pressure to very slightly affect the body differently moment by moment in the body's progression around the sun as part of the earth.

I have theorized that the inputting body of a living creature is a link to the gravitational stream at some particular location on the earth. During its input/extend cycle, that which the body takes in is ultimately sun's spectral energy from the earth's progression around the sun. Then, in a properly aligned body, there is the sense that each output/flex cycle functions to process the in-taken outside environment/ spectral energy so as to alter the body to serve the gravitational flow. From this aligned body it is somewhat easy to imagine that whatever output there is during the flexion cycle has been mined of anything which could be of use to the body in its service to the gravitational flow. Thus, the subsequent output can become some level of spectral energy itself in addition to that material substance which is left over from the process of mining in-taken substance of useable spectral energy for that organism. The material output is then available to disperse to add to earth accretion or be taken up and both mined and replenished by the processing system of another type of living organism.

Thus, we see an earth of orbiting/ revolving-around-the-sun living creatures taking in their environment to be uniquely processed by each particular creature extracting what it can of spectral energy by means of its particular processing system. But the spectral energy must travel on, and if it is in the form of in-taken material substance, then it must surely undergo transformation within the creature who most probably has existence purely to serve this function of matter/energy transformation.

Muscle / Bone Connections

In order to try to give further elucidation of the material in Part 4, I provide another recap, this time going back to paragraphs from Part 1. In this first part, I presented a Bone/Muscle Table. Early in the work which would lead to this book, I began making associations which would develop into the Table of Part 1. *I began with associations of muscles into seeming groups of three of which there seemed to be 104 groups (312 muscles) and eventually went on to both relating each of these groups with a specific bone and concluding that the human organism, in its functioning, continually cycles through scaffolds of five non-cranial bones plus their groups of three muscles each, these scaffolds being formed from a bone from each of five classes of bones. I came to refer to the classes of bones* - the scaffold actually always having a cranial bone as first (1) bone, served by the eye's dilator, sphincter and orbitalis muscle fibers - *as (*2*) body-frame bones, (*3*) non-thoracic (cervical/ lumbar/ sacral/ coccygeal) vertebrae/ sesamoid bones (usually calling this group cervical/etc. bones), (*4*) finger bones, (*5*) thoracic vertebrae/rib bones (or thoracic/etc. bones) and (*6*) toe bones.* The numbers for the classes of bones shown above correspond to the numbers found in the bottom five across-the-page boxes on the front of a sheet of Part 4.

It is proposed that each scaffold of non-cranial *bones developed to serve as a pivot framework orienting an organism to the direction of movement of its universe providing the means for the organism to appropriately alter itself day-by-day to accord with its ever-changing universe. At the appropriate time in the organism's 360* day year, each of the five bones of a scaffold will serve as the base body pivot bone for an organism's functioning through three consecutive days, utilizing its three associated muscles in sequence through the three days for adjustment of its base body pivot bone.* On the first of the six pages of the Table of Part 1 (carried through in the lay-out of the 120 sheets of Part 4), it is found that the same set of three muscles (for the Day 1, Day 2 and Day 3 adjustment of a given bone) serves as the adjusting muscles for all five bones of a row's set of scaffold bones. I speculated that

the aspects of these bones which make this possible had to do with the central placement of the first bones of these four scaffolds, i.e. the xiphoid process, sternum, manubrium and clavicle (if perhaps this latter could be imagined as, at one time, an extension of the manubrium). These first bones of the four 5-bone scaffolds on the first page of the 6-page Table of Part 1 could be seen as different from all the 20 succeeding sets of five scaffold bones on the remaining five pages of the Table because the five scaffold bones of the 20 succeeding sets can all be viewed as always two-prong bones either on different sides of the body or having processes as extensions toward opposite sides.

The body of bones (120 non-cranial bones) which built itself for me and appears sheet by sheet through the 120 sheets of Part 4 was one that *began at the xiphoid process, which is the centrally-placed small pointed bone attached at the bottom of the sternum, and then proceeded sequentially up through the sternum and manubrium and out along the clavicle to the big shoulder blade (the scapula) and down through the arm and certain wrist bones, interspersed with non-thoracic vertebrae, through the malleus and the incus of the ear along with a hip/pelvis, the many finger bones, the stapes of the ear and the hyoid of the neck along with the femur of the upper leg and tibia of the lower leg, the set of thoracic vertebrae with ribs to make a rib cage, the fibula of the lower leg and the knee, i.e. the patella, and heel, the many toe bones and, finally, the pivotal lumbar vertebra 5 with the finger and toe sesamoids.*

As regards the initial sentence of each of the three boxes at the bottom of the front of a sheet, the complicated process by which I derived the Day 1, Day 2 or Day 3 Bob Center as the "instigator of alteration" or the to-be-altered Bob Hook Complex or Aid is to be found in Part 2 of this work. As said elsewhere, I have difficulty myself in dealing with Part 2, that is, in reading it and in comprehending how I ever came to have the concepts delineated in it. However, the utilization of the concepts as expressed in the initial sentence of the bottom three boxes of the front of a sheet of Part 4, as well as the top five across-the-page boxes of the back of a sheet have proven themselves over and over to carry me toward the aligned, balanced functioning of my body such that I can only assume there must be a reasonable level of veracity to important aspects of the construct I have created in Part 2, which, along with large portions of Part 6, will have minimal revision at this time from placement in the 2017 book.

Muscle Direction of Activity

As more specific explanation for aspects of material in the 2nd, 3rd and 4th boxes of the front of a sheet of Part 4 (as well as for the 3 boxes across the bottom of the front of the sheet and the 3 boxes starting about midway down the back of the sheet containing the Direction of Stretch for Muscles), I make reference to Page 432 of Part 6 (2017 version, unrevised) to give further speculation as to part of the source of the complicated supporting framework in which each 3-Day Bone operates as delineated on one of the 120 sheets of Part 4 (the 3-Day Bone being referred to as the Day 3 Bob Hook Complex Aid in the last box at the bottom of the front of a sheet).

Parts 1-5 of this book have been based on my proposal that modern-day muscle functioning involves most bones of the body being associated with 3 separate muscles which serve to adjust the bone through 3 consecutive days of functioning. I have referred to these as Day 1, Day 2 and Day 3 muscles. Over time, I began suspecting that the fibers of Day 1 muscle could be thought of as longitudinal fibers, those of Day 2 as circular fibers and those of Day 3 as radial fibers. Eventually I had to conclude that the direction of the activity of the 3 kinds of fibers ran opposite to one another, which, of course, led to much speculating as to the origin of the need for this manner of functioning as well as the purpose served by it. I will advance now a proposal as to how the 3 muscle fibers of the 3 days might work.

Observation of muscle use through months and years have led me to sense that the Day 1 longitudinal muscle fibers stretch from origin to insertion with the fiber selection progressing through 24 hours from, usually, a fiber along a "front" orientation to a fiber along a " back" orientation. I have perceived the purpose of this stretch to be to activate the associated structure to serve its roll in the moving on of intake during inhalation which can then be processed during exhalation. In an optimally aligned body, the stretch in the relevant muscles will be maintained during exhalation resulting in a possible significant outcome of the processing to be a range of electromagnetic wavelengths of energy being emitted from the six exit routes of the body, these being the urethra, the skin, the lactiferous ducts (nipples), the anus, the eye and the vagina/penis.

The Day 2 circular muscle fibers would seem to begin at the figurative insertion point of the last of the stretched Day 1 longitudinal fibers, referred to here as the figurative insertion point because frequently the origin point of a Day 2 circular muscle fiber associated with a particular bone and the insertion point of a Day 1 longitudinal muscle fiber associated with the same bone are not at all contiguous to one another . Then, through 24 hours, the progression of circular fibers, figuratively, stretch around the associated structure, the circular fiber origins having the effect of progressing from the end of the structure up its "back" such that the stretch of the last circular fiber from the figurative "back" beginning of the associated structure stretches around to end in the vicinity of the figurative beginning of the first Day 1 longitudinal fiber. At this point (July, 2024) in my endeavor to revise my 2017-copyrighted book, I speculate that the purpose of the activity of the Day 2 circular muscle fiber having what seems to be an effect of figuratively stretching around an associated bone structure, with fiber effect progressing from the bone structure's end to its beginning in 24 hours, is associated with the pressure on the body, from whatever the source, that creates the need for muscle activity of the Day 2 muscles to often go in seemingly opposite direction on Day 2 than it had seemed to go for the Day 1 and Day 3 muscles in order for the body's processes to continue to work in a consistent way. If I hypothesize continuity of association of the 3 muscles responsible for the manipulation of a single bone, then I can hypothesize that the role played by each muscle is to carry forth, in its fashion, the 3-muscle job of moving on intaken substance.

The Day 3 radial fibers begin somewhat in the vicinity of the figurative insertion point of the last circular fiber at the figurative "top front" of the associated structure and stretch first obliquely toward the "bottom back" end of structure. As the oblique fibers straighten out through 24 hours to become a last straight fiber from origin to insertion paralleling to some degree, often figuratively, the first Day 1 longitudinal fiber, my sense has been that the last radial fiber, in moving toward its insertion point, aims toward meeting up with the first longitudinal fiber of the next structure's Day 1 muscle. The effect of the oblique-to-straight radial fibers of the Day 3 muscle would seem to be the same as the effect proposed for the Day 1 and Day 2 muscle fibers to create a means whereby intake can be conveyed through the body using its complicated progression of structures, positioning the intake for processing during exhalation.

Of the several conjectures I have construed through the years as to the source of my Day 1, Day 2, Day 3 Bone/Muscle functioning systems, the one proposed in this italicized section fits best with the several indicators at my disposal, following on years-long, daily-monitored sensation, and, thus, I let it stand in the hope that we will better come to understand our enormous complexity.

Possible Source of Universe Expansion or Contraction

On Page 422 of Part 6 there is an italicized insert discussing the possible great consequence of body configuration when the body is intaking from the environment, as in inhaling, and when it is outputting, as in exhaling. The larger consequence, which I hypothesize, is summed up in the following several sentences**:** I have suggested in this work that matter's existence associates with developing systems. I further suggested *that when matter comes into existence, then the* systems *associated with that matter can serve to contract it or expand it. To do so, a* system *will have ways to intake from its environment and output back into the environment.* There is to be found, in the manner in which a systerm intakes and outputs, *the process determining whether the "universe,"* whose matter is associated with its systems, *will contract or expand.* If intake is an extension activity and output a flexion activity, *then the intake/output cycle of* a system (e.g., a living organism) *will result in a degree of contraction of the* organism's *surrounding environment.* If intake is a flexion activity and output an extension activity, *then the intake/output cycle of the* organism *will result in a degree of expansion of the* organism's *surrounding environment.*

The means by which the contraction or expansion of an organism's *surrounding environment is caused by the* organism *involves the form of the exterior of its self to the form of its interior. If the* organism *intakes as its body is extending, then the interior intaking portion of its self will be congruent to its exterior encasement. Likewise, there will be congruence of the interior and exterior if an* organism *outputs as its body is flexing. If there is congruence between the interior and exterior of an* organism *during its intake and output, then, I propose, it is involved in pulling back together the larger universe of which it is a part.*

On the other hand, if intake is a flexion activity, then the configuration the interior an organism *will have during intake will be an arrangement of its interior to the arrangement of a differently formed exterior such that the effect of the* organism's *engagement in an intake/output cycle could be opposite that of its effect in said cycle if intake is during extension and output is during flexion. In this scenario of intake during flexion and output during extension,* I would propose *the* organism *is involved in pushing apart / expanding the larger universe of which it is a part.*

Beyond the larger consequence of bodily exterior/interior congruence during an organism's intake/output cycle, which has to do with "universe" contraction or expansion, I propose now that the smaller, local consequence to the individual organism in whether it functions in such a way as to alter itself to accord with an altering contracting universe, which it has apparently never perpetually done, or alters itself toward an altering expanding universe, which it would seem it has ever done, is to be found in an Earth of individual human beings who always wear out and die. Perhaps increased longevity will be able to be achieved even as humans continue to function in ways which quite likely contribute to the continuance of an expanding universe, but if the eventual result of continuing expansion is a final "death" of everything, then I have been intrigued by the possibility that humans achieving greatly increased longevity by way of learning to function with optimally aligned bodies would be a way to contribute to universe contraction. This Table of Part 4 provides a basis for learning to function with all one's bodily structures being aligned and balanced to one another, and to help in achieving this aim, the next section will reference several "how-to-do-it" steps.

As time has gone by, I have created for myself each day a page of 6 daily-changing breath exercises with a base 72 breaths, 12 per exercise. There is inhalation with alignment of the structures indicated in one of the 6 exercises followed by the hard part, which is to exhale with a completely closed nasal cavity preventing the collapse of the structures elevated during inhalation back to pre-inhalation positions. The listing of how-to-do-it steps below is based on the sequence I have developed for my daily breath exercises, to publish at a separate date.

How-To-Do-It Steps with Cautionary Remarks - Steps 1, 2, 3

The above portion of this text is included as background to several How-To-Do-It steps. **Step 1** is **Step 1** because it has always been the one constant - never changing day by day. This will be to maintain the alignment of the four 2-member sets of bones which oversee the four dimensions through which humans are aware of moving, these dimensions being Time, up/down, right/left, front/back. The first bone of these four sets is lumbar vertebra 5 (L5), the pivotal bone of the body. The remaining 7 bones are referred to as sesamoid bones**.** L5 is accompanied by the pisiforms (of the wrist) to oversee the dimension of Time**.** To oversee the up/down dimension, there is the single sesamoid, metacarpal 2 (Mc Ss 2) along with the incudes (of the ear)**,** for right/left, the double metacarpal sesamoids 1 (Mc Ss 1)/ hyoid (at back of chin) and for front/back**,** the double metatarsal sesamoids 1 (Mt Ss 1)/ patellas (kneecaps). (A summation of the concepts leading to that which I am proposing in this How-To-Do-It step can be found on Page 400 of Part 6.) I propose now that the alignment of the two bones for the Time dimension, i.e. L5/pisiforms, quite likely determines everything that is happening in our body. The desired alignment of L5 involves creating a sensation of having formed an unbreakable triangle from L5's body center to the pisiforms of the wrists, as contrasted to the sensation of creating quadrilaterals for the spatial dimensional sets of sesamoids. As regards sensation in the individual sesamoids, it is a matter of being aware of a sense of similar pressure (which one can create) within the mirror- imaged bones. The pisiforms are felt as single nobs at the front of the wrist below the little finger. Mc Ss 2 is a small round bone at the inside base of the index finger, Mc Ss 1 is a double small bone at inside base of thumb and Mt Ss 1 is a double small bone at bottom base of the big toe. In all pairings for bodily functions, the first structure is for inhalation and the second is the collapse-hindering "fixative" for exhalation. (See Page 73&78 in Part 3 for Netter pictures.)

Step 2 will discuss the use of breath destinations (breath destinations being the determinant of everything including L5 alignment) in trying to see that both sides of one's body are extending with each inhalation and flexing with each exhalation. To do this, it will become necessary to become aware of the number of head destinations for the breath, 20 of them, plus, then, 4 lobes of the lungs to finish out a series of 24 destinations. The next page of this text shows these breath destinations, which I have named Breath-Receiving Areas to distinguish them from Breath Tracts (Page 72), the breath of Breath-Receiving Areas being primarily energy source related and that of Breath Tracts primarily maintenance related. The goal is to switch away from using the common big breath tract we surely all use constantly for breath to the lungs, that is, breath by way of the nasopharynx to the oropharynx to the laryngopharynx. Instead, breath to the lungs (not for the energy for bodily functioning but for bodily "construction" and system maintenance) should come to be by way of the incisive canal, which is a small opening through the hard palate toward its front behind the teeth. This will come to occur as a person develops the ability to maintain a completely elevated soft palate toward the back of the mouth to close off the nasal cavity from the nasopharynx so that breath to the lungs must then be conveyed otherwise than by means of the nasopharynx. The author's practiced series of day-by-day breath exercises (not shown in this work) are based on her discoveries that the intake of the breath which should be associated with the energy for the functioning of the body should not be breath that goes to the lungs. It should be the breath that can be captured by a nasal cavity closed to the pharynx during a breath cycle, exhalation resulting in either nasal cavity breath expulsion or retention for optimal functioning if the hard palate's incisive canal can experience closure in order that the body can use the pressure of what is happening to the captured breath during exhalation as the source of the energy for the functioning of the body. The body's structures are changing in a systematic way every day of the year (see Tables of this Part 4) and a year may be required to make needed changes.

24 Places to Which Primary Breath Should Go in 3-Day Sequences

(Page Numbers Reference the 2nd Edition of Frank H. Netter's Atlas of Human Anatomy)

24 places into which to inhale, each in its appropriate turn, for 3 days each, with 5 repetitions in a 360-day year, (the years based on the moment of conception), as delineated in the Table comprising the 6th Part of this book's "Epilogue as Prologue" (Page xxxi)**:**

24 structures to have fixed in place during exhalation, correlating to 24 Breath-Receiving Areas into which to inhale, so that changes achieved during inhalation are not lost during exhalation**:**

Breath-Receiving Area	Exhalation Structure
Inferior Nasal Meatus (pages 32-4, 42-3)	Fixed Ethmoid Bone (pages 1, 3, 6, 33)
Middle Nasal Meatus (same)	Fixed Sphenoid Bone (pages 1-3, 5-6, 9, 34)
Superior Nasal Meatus (same)	Fixed Vomer Bone (pages 1, 3, 5, 34)
Sphenoid Sinus, Front Area (same)	Fixed Palatine Bone (pages 3, 5, 32-4)
Nasolacrimal Duct (N.D.) (page 77)	Fixed Inferior Nasal Concha (pages 3, 32-3)
N.D.+Backmost Front Nasal Groove (pages 32-4)	Fixed Middle Nasal Concha (same)
Middle Front Nasal Groove (same)	Fixed Superior Nasal Concha (same)
Frontmost Front Nasal Groove (same)	Fixed Highest Nasal Concha (same)
Sphenoid Sinus, Top Back Area (pages 32-4, 42-3)	Fixed Nasal Bone (pages 1-3, 31, 33-4)
Sphenoid Sinus, Bottom Back Area (same)	Fixed Frontal Bone (same + pages 4 & 6)
Ethmoid Cells, Back Cells (pages 42-3)	Fixed Parietal Bone (pages 1-4, 6, 9)
Ethmoid Cells, Front Cells (same)	Fixed Occipital Bone (2-6, 9, 15, 32-4, 57)
Maxillary Sinus, Top Area (same)	Fixed Temporal Bone (pages 1-3, 5-6, 9)
Maxillary Sinus, Bottom Area (same)	Fixed Zygomatic Bone (pages 1-2, 5, 9)
Tympanic Cells, Top Cells (page 89)	Fixed Lacrimal Bone (pages 1-3, 33)
Tympanic Cells, Bottom Cells (same)	Fixed Maxilla Bone (1-3, 5, 9, 31-4, 50)
Frontal Sinus, Top Area (pages 32-4, 42-3)	Fixed Upper Canine (page 50)
Frontal Sinus, Bottom Area (same)	Fixed Lower Canine (same)
Mastoid Cells, Top Cells (page 89)	Fixed Upper Lateral Incisor (same)
Mastoid Cells, Bottom Cells (same)	Fixed Lower Lateral Incisor (same)
Top Right Lung Segment (pages 184-5, 188-91)	Fixed Upper Central Incisor (same)
Middle Right Lung Segment (same)	Fixed Lower Central Incisor (same)
Bottom Right Lung Segment (same)	Fixed Body of Mandible (pages 1-2, 10, 47)
Top Left Lung Segment (same)	Fixed Ramus of Mandible (same)

Step 3 will be based on another longish Table showing the Centers of Gravity for an optimally-aligned inhaling body through a 360-day year as shown in the Table toward the end of this book's "Epilogue as Prologue." An optimally-aligned exhaling body has different Centers of Gravity shown in Part 5 of this book. If inhalation Centers of Gravity are maintained with no collapse through exhalation, then those of exhalation will fall in line. When the body is no longer optimally aligned because the soft palate has lowered preventing the complete closure of the nasal cavity from the pharynx, the Center of Gravity of the body will be shared elsewhere, e.g. with the sacrum and/or sternum, ½ the body maintaining the optimally-aligned Center of Gravity as shown in these Tables.

Centers-of-Gravity (C's-of-G) for an Optimally-Aligned Inhaling Body for a 360-Day Year, with Associated Exhalation Fixative Structures for Collapse-Prevention of Inhalation C's-of-G, with Correspondence to the Day 3 Bones Which Anchor Each of the 120 Sheets of Part 4 Table

Day 3 Bone	Inhalation C-of-G	Exhalation Fixative Structure
xiphoid	Day 1 > S3	ethmoid bone + long gyrus
	2 > cerebrum	vomer bone
	3 > ethmoid bone's 6th partition	xiphoid process
sternum	Day 1 > C5	sphenoid bone + short gyrus
	2 > S2	palatine bone
	3 > bone marrow	sternum
manubrium	Day 1 > maxilla alveolar process	ethmoid bone + dentate gyrus
	2 > cerebrum	vomer bone
	3 > carotid artery	manubrium
clavicle	Day 1 > mandible alveolar process	sphenoid bone + orbital gyrus
	2 > S2	palatine bone
	3 > pineal gland	clavicle
scapula	Day 1 > upper wisdom tooth	ethmoid bone + straight gyrus
	2 > bone marrow, etc.	inferior nasal concha
	3 > optic nerve	scapula
humerus	Day 1 > lower wisdom tooth	sphenoid bone + subcallosal gyrus
	2 > C6	middle nasal concha
	3 > thoracic duct	humerus
radius	Day 1 > upper 2nd molar	ethmoid bone + cingulate gyrus
	2 > bone marrow, etc.	inferior nasal concha
	3 > parathyroid	radius
ulna	Day 1 > lower 2nd molar	sphenoid bone + lingual gyrus
	2 > C6	middle nasal concha
	3 > thyroid gland	ulna
C1	Day 1 > S3	ethmoid bone + long gyrus
	2 > thoracic duct, etc.	superior nasal concha
	3 > lower 2nd molar	C1
C2	Day 1 > C5	sphenoid bone + short gyrus
	2 > L1	highest nasal concha
	3 > upper 2nd molar	C2
C3	Day 1 > maxilla alveolar process	ethmoid bone + dentate gyrus
	2 > thoracic duct, etc.	superior nasal concha
	3 > lunate	C3
C4	Day 1 > mandible alveolar process	sphenoid bone + orbital gyrus
	2 > L1	highest nasal concha
	3 > hook of hamate	C4

(Continuation of these Tables, Pages 107-115, S5-Mt DP1, will end this Text to Part 4.)

Steps 4, 5, 6

I have given above Steps 1, 2 and 3 of my How-To-Do-It method of arranging for, and maintaining, optimal body alignment. Steps 4, 5 and 6 are based on aligning the 3 sets of spatial dimensional structures as shown in Boxes 8, 9 and 10 on the front of a sheet of the Tables of Part 4. Before listing these steps, I shall quote now a couple of the steps given on a similar page in the Original 2017-Copyrighted Book whose How-To-Do-It section is being greatly revised here. These were listed as the eighth and ninth steps in the "Changing Series of Steps**:**

8th. Check for seeming pressure on mirror-imaged bones for the day's 6-bone scaffold as shown in boxes Number 8, 9 and 10 (same bone scaffold through three days). This "seeming pressure" creates the sensation of each mirror-imaged bone having its two reversed images of itself actually "present and accounted for" in the same general location in the body. In a sagging body, it is easy to create a sense of pressure on a bone in one side of the body (the non-dominant side) *without there being awareness of the presence of its mirror-image on the other side* (the dominant side). *When L5/pisiforms are properly aligned and I call attention in myself to a particular bone on one side, the same bone on the other side is obviously present too.*

9th. Check for similar direction of stretch pressure on mirror-imaged muscle associated with each of the six bones for a given day (the muscles change day by day). My effort to determine how my body functions began many years ago with the effort to figure out what my muscles were doing. Now, toward the end of this portion of the effort and the How-To-Do-It section, the muscles receive only two lines of text with this in no diminishing the great importance of attention to maintaining the proper direction of action of a given day's relevant muscles.

Step 4 of my method for optimal body alignment will use the bones and muscles numbered (1) and (2) in Boxes 8, 9 and 10 on the front of a sheet of the Tables of Part 4 to arrange and maintain alignment in the structures overseeing the up/down dimension for a given day for a given person. My method is to ascertain during inhalation that the mirror-imaged body-frame bone in (2) has enough sense of pressure in it on both sides of my body for me to know that the bone on the non-dominant and dominant sides both are "present and accounted for" for every movement throughout the relevant 3 days. During exhalation, there will be this same sense for the head-bone in (1). That which is particularly different is that the proper sense of stretch from origin to insertion for the muscles for each bone need only be paid attention to for the given relevant day before moving on to the next set of muscles for that bone for the next of 3 days, thus yielding Day 1, Day 2 and Day 3 muscles. The direction of stretch/action for the muscles associated with the bones of each of the 120 sheets of the Table of Part 4 is given in Boxes 8, 9 and 10 on the back of the sheet.

Step 5 follows the directions given for Step 4 except that optimal body alignment will use the bones and muscles numbered (3) and (4) in Box 8, 9 and 10 on the front of a sheet of the Table of Part 4 to arrange and maintain alignment in the structures overseeing the right/left dimension for a given day for a given person. During inhalation, it will be the mirror-imaged finger bone (4) needing to experience the sense of pressure and, during exhalation, it will be the cervical, etc. bone (3).

Step 6 follows the pattern of Step 4 and 5 except that the relevant bones and muscles are shown in (5) and (6), and these will arrange and maintain alignment in the structures overseeing the front/back dimension. During inhalation, it will be the mirror-imaged toe bone (6) needing to experience the sense of pressure and, during exhalation, it will be the thoracic, etc. bone (5).

Concluding Remarks to Text to Part 4

As I believe I have mentioned elsewhere in this work, I dream of the possibility of a time when school children will learn the structures of their bodies, just as they learned in an early grade in my day the multiplication tables.

I will consider my effort in creating this work worthwhile if it could start a trend of people being interested in knowing the parts of their body and beginning to notice that they have the ability

to use that knowledge to help themselves. It might be the case that great benefit would come from becoming familiar with only a very limited set of muscles each day and trying to assure that those sets have on them similar stretch pressure from proper origin to proper insertion throughout the day. Similarly, help might come from learning the location of a few sets of bones or organs, such as the kidneys or suprarenal glands, and creating the sensation that these bones or organs are level or equal to one another in their location and spaciousness in the body. So often, when I allow myself to sag back into the arrangement of my parts which has developed through the many years of my life when I have not known of my lack of aligned, balanced functioning and, more recently, have not yet been able to consistently maintain the new way of balanced functioning, then I become aware of the sensation of all my mirror-imaged parts being at odds to one another.

I look forward to the day when we do truly understand the in's and out's of our functioning based on a real knowledge of why we are here and how we fit into the universe order. Also, I look forward to the day when the only kind of pill/ pharmaceutical permitted on the market deemed to be safe will be one which assists a living creature to move toward according itself with what we discover to be the real purpose of our being here. It will be a pill/ pharmaceutical / health or beauty aid one can use without fearing adverse side effects because it will be based on a thorough understanding of where its recipient is in his or her progress toward maximum balance of his/her parts and on what will be of aid in furthering that progress. Inasmuch as I deem quite difficult the on-going effort involved in doing the sort of things suggested in this work to bring about properly aligned, balanced, non-wearing bodily functioning, then I have joked to myself that the medical profession could now develop tests for this new kind of balanced functioning and the pharmaceutical companies could divert their research to developing "pills for proper overall functioning with no adverse side effects" based on the tests (and in some new day coming, not enrich themselves at the expense of the public!)

* 360-Day Year: As regards my basing all that I have done on a human being's optimum structure development occurring through a 360-day year, I take from Part 6 (Pages 454) the following Note as indicator of the line of reasoning which brought me to my conclusion that an optimally balanced human being would cycle through a 360-day year of alterations to its body before beginning a new cycle.

Notes of Eva Cary Nason - April 2, 2015

Today I googled Earth Year Length and found **spacemath.gsfc.nasa.gov/earth/6Page 58.pdf**.

This showed the earth year as having decreased in length from 486 days in the Cryogenian Period 900 million years ago to 424 days in the Middle Cambrian 510 million years ago to 399 days in the Upper Devonian 380 million ago to 370 days in the Upper Cretaceous 70 million years ago.

The length of the day correspondingly increased respectively: 18 hours per day, 20.7 hours, 22 hours, 23.7 hours and now 23 hours, 56 minutes and 4 seconds.

An immediate stream of thought takes me to a concept of there being real linearity in the earth's development toward a living creature with enough knowledge to figure out how he/she ought to align itself to the universe in order to be really balanced to its universe thus being able to be instrumental in pulling the earth ever closer to a year's length of 360 days and a day's length of 24 hours. And I had to wonder whether this achievement wouldn't result in a significant step toward "pulling the universe back together."

Centers-of-Gravity (C's-of-G) for an Optimally-Aligned Inhaling Body for a 360-Day Year, with Associated Exhalation Fixative Structures for Collapse-Prevention of Inhalation C's-of-G, with Correspondence to the Day 3 Bones Which Anchor Each of the 120 Sheets of Part 4 Table

(See Page 104 for xiphoid process through ulna and C1 through C4, the initial 12 Day 3 bones.)

Day 3 Bone	Inhalation C-of-G	Exhalation Fixative Structure
S5	Day 1 > upper wisdom tooth	ethmoid bone + straight gyrus
	2 > thoracic duct, etc.	superior nasal concha
	3 > pisiform	S5
S4	Day 1 > lower wisdom tooth	sphenoid bone + subcallosal gyrus
	2 > L1	highest nasal concha
	3 > triquetrum	S4
S3	Day 1 > upper 2nd molar	ethmoid bone + cingulate gyrus
	2 > thoracic duct, etc.	superior nasal concha
	3 > utricle, 3 parts	S3
C5	Day 1 > lower 2nd molar	sphenoid bone + lingual gyrus
	2 > L1	highest nasal concha
	3 > saccule, 3 parts	C5
S2	Day 1 > upper 1st molar	ethmoid bone + inferior frontal gyrus
	2 > thoracic duct, etc.	superior nasal concha
	3 > hair cells of ear, 3 parts	S2
C6	Day 1 > lower 1st molar	sphenoid bone + inferior frontal gyrus,
	2 > L1	highest nasal concha opercular part
	3 > semicircular ducts, 3	C6
triquetrum	Day 1 > upper 1st molar	ethmoid bone + inferior frontal gyrus
	2 > thoracic duct, etc.	superior nasal concha
	3 > trochlear nerve	triquetrum
pisiform	Day 1 > lower 1st molar	sphenoid bone + inferior frontal gyrus,
	2 > L1	highest nasal concha opercular part
	3 > Peyer's patches	pisiform
hamate hook	Day 1 > upper 2nd pre-molar	ethmoid bone + inferior frontal gyrus,
	2 > thoracic duct, etc.	superior nasal concha triangular part
	3 > aorta	hook of hamate
lunate	Day 1 > lower 2nd pre-molar	sphenoid bone + inferior frontal gyrus,
	2 > L1	highest nasal concha orbital part
	3 > pyloric gland	lunate
S1	Day 1 > upper 2nd pre-molar	ethmoid bone + inferior frontal gyrus,
	2 > Peyer's patches, etc.	nasal bone triangular part
	3 > lower 1st molar	S1
C7	Day 1 > lower 2nd pre-molar	sphenoid bone + inferior frontal gyrus,
	2 > L2	frontal bone orbital part
	3 > upper 1st molar	C7

Centers-of-Gravity (C's-of-G) for an Optimally-Aligned Inhaling Body for a 360-Day Year, with Associated Exhalation Fixative Structures for Collapse-Prevention of Inhalation C's-of-G, with Correspondence to the Day 3 Bones Which Anchor Each of the 120 Sheets of Part 4 Table

Day 3 Bone	Inhalation C-of-G	Exhalation Fixative Structure
Cx 1	Day 1 > upper 1st pre-molar	ethmoid bone + supramarginal gyrus
	2 > Peyer's patches, etc.	nasal bone
	3 > pelvic hip	Cx 1
Cx 2	Day 1 > lower 1st pre-molar	sphenoid bone + superior temporal gyrus
	2 > L2	frontal bone
	3 > upper hip	Cx 2
Cx 3	Day 1 > Mt Ss 1, medial Ss	ethmoid bone + middle temporal gyrus +
	2 > Peyer's patches, etc.	nasal bone lacrimal bone
	3 > incus	Cx 3
Cx 4	Day 1 > L5	sphenoid bone + inferior temporal gyrus
	2 > L2	frontal bone + maxilla bone
	3 > malleus	Cx 4
L1	Day 1 > upper canine	ethmoid bone + angular gyrus + Mt Ss 1,
	2 > Peyer's patches, etc.	nasal bone lateral Ss
	3 > agger nasi	L1
L2	Day 1 > lower canine	sphenoid bone + lateral occipitotemporal
	2 > L2	frontal bone [gyrus + Mt Ss 1, medial Ss
	3 > limen nasi	L2
L3	Day 1 > upper lateral incisor	ethmoid bone + medial occipitotemporal
	2 > Peyer's patches, etc.	nasal bone [gyrus + Mt Ss 1, lateral Ss
	3 > ethmoidal bulla	L3
L4	Day 1 > lower lateral incisor	sphenoid bone + parahippocampal gyrus
	2 > L2	frontal bone [+ Mt Ss 1, medial Ss
	3 > uncinate process	L4
malleus	Day 1 > upper 1st pre-molar	ethmoid bone + supramarginal gyrus
	2 > Peyer's patches, etc.	nasal bone
	3 > abducent nerve	malleus
incus	Day 1 > lower 1st pre-molar	sphenoid bone + superior temporal gyrus
	2 > L2	frontal bone
	3 > spleen	incus
upper hip	Day 1 > Mt Ss 1, medial Ss	ethmoid bone + middle temporal gyrus +
	2 > Peyer's patches, etc.	nasal bone lacrimal bone
	3 > subclavian artery	upper hip
pelvic hip	Day 1 > L5	sphenoid bone + inferior temporal gyrus
	2 > L2	frontal bone + maxilla bone
	3 > pancreas	pelvic hip

Centers-of-Gravity (C's-of-G) for an Optimally-Aligned Inhaling Body for a 360-Day Year, with Associated Exhalation Fixative Structures for Collapse-Prevention of Inhalation C's-of-G, with Correspondence to the Day 3 Bones Which Anchor Each of the 120 Sheets of Part 4 Table

Day 3 Bone	Inhalation C-of-G	Exhalation Fixative Structure
Mc 5	Day 1 > S3	ethmoid bone + long gyrus
	2 > spleen, etc.	parietal bone
	3 > lower 2nd pre-molar	Mc 5
Mc 2	Day 1 > C5	sphenoid bone + short gyrus
	2 > L3	occipital bone
	3 > upper 2nd pre-molar	Mc 2
Mc PP5	Day 1 > maxilla alveolar process	ethmoid bone + dentate gyrus
	2 > spleen, etc.	parietal bone
	3 > tibia	Mc PP5
Mc PP2	Day 1 > mandible alveolar process	sphenoid bone + orbital gyrus
	2 > L3	occipital bone
	3 > femur	Mc PP2
Mc MP5	Day 1 > upper wisdom tooth	ethmoid bone + straight gyrus
	2 > spleen, etc.	parietal bone
	3 > hyoid	Mc MP5
Mc MP2	Day 1 > lower wisdom tooth	sphenoid bone + subcallosal gyrus
	2 > L3	occipital bone
	3 > stapes	Mc MP2
Mc DP5	Day 1 > upper 2nd molar	ethmoid bone + cingulate gyrus
	2 > spleen, etc.	parietal bone
	3 > RLS 10"	Mc DP5
Mc DP2	Day 1 > lower 2nd molar	sphenoid bone + lingual gyrus
	2 > L3	occipital bone
	3 > LLS 10"	Mc DP2
Mc 4	Day 1 > upper 1st molar	ethmoid bone + inferior frontal gyrus
	2 > spleen, etc.	parietal bone
	3 > RLS 9"	Mc 4
scaphoid	Day 1 > lower 1st molar	sphenoid bone + inferior frontal gyrus,
	2 > L3	occipital bone opercular part
	3 > LLS 9"	scaphoid
Mc PP4	Day 1 > upper 2nd pre-molar	ethmoid bone + inferior frontal gyrus,
	2 > spleen, etc.	parietal bone triangular part
	3 > RLS 8"	Mc PP4
trapezoid	Day 1 > lower 2nd pre-molar	sphenoid bone + inferior frontal gyrus,
	2 > L3	occipital bone orbital part
	3 > LLS 7+8"	trapezoid

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Day 3 Bone	Inhalation C-of-G	Exhalation Fixative Structure
Mc MP4	Day 1 > upper 1st pre-molar 2 > spleen, etc. 3 > RLS 7"	ethmoid bone + supramarginal gyrus parietal bone Mc MP4
capitate	Day 1 > lower 1st pre-molar 2 > L3 3 > RLS 6"	sphenoid bone + superior temporal gyrus occipital bone capitate
Mc DP4	Day 1 > Mt Ss 1, medial Ss 2 > spleen, etc. 3 > LLS 6"	ethmoid bone + middle temporal gyrus + parietal bone lacrimal bone Mc DP4
hamate hook	Day 1 > L5 2 > L3 3 > RLS 5"	sphenoid bone + inferior temporal gyrus occipital bone + maxilla bone hamate hook
Mc 3	Day 1 > upper canine 2 > spleen, etc. 3 > LLS 5"	ethmoid bone + angular gyrus + Mt Ss 1, parietal bone lateral Ss Mc 3
trapezium	Day 1 > lower canine 2 > L3 3 > RLS 4"	sphenoid bone + lateral occipitotemporal occipital b**.** [gyrus + Mt Ss 1, medial Ss trapezium
Mc PP3	Day 1 > upper lateral incisor 2 > spleen, etc. 3 > LLS 4"	ethmoid bone + medial occipitotemporal parietal b**.** [gyrus + Mt Ss 1, lateral Ss Mc PP3
Mc 1	Day 1 > lower lateral incisor 2 > L3 3 > RLS 3"	sphenoid bone + parahippocampal gyrus occipital bone [+ Mt Ss 1, medial Ss Mc 1
Mc MP3	Day 1 > upper central incisor 2 > spleen, etc. 3 > LLS 3"	ethmoid bone + postcentral gyrus + parietal bone Mt Ss 1, lateral Ss Mc MP3
Mc PP1	Day 1 > lower central incisor 2 > L3 3 > RLS 2"	sphenoid bone + precentral gyrus + occipital bone Mt Ss 1, medial Ss Mc PP1
Mc DP3	Day 1 > Mc Ss 1, medial Ss 2 > spleen, etc. 3 > LLS 1+2"	ethmoid bone + middle frontal gyrus + parietal bone body of mandible Mc DP3
Mc DP1	Day 1 > Mc Ss 2 2 > L3 3 > RLS 1"	sphenoid bone + superior frontal gyrus + occipital bone ramus of mandible Mc DP1

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Day 3 Bone	Inhalation C-of-G	Exhalation Fixative Structure
stapes	Day 1 > upper canine 2 > spleen, etc. 3 > vestibulocochlear nerve	ethmoid bone + angular gyrus + Mt Ss 1, parietal bone lateral Ss stapes
hyoid	Day 1 > lower canine 2 > L3 3 > thymus gland	sphenoid bone + lateral occipitotemporal occipital b. [gyrus + Mt Ss 1, medial Ss hyoid
femur	Day 1 > upper lateral incisor 2 > spleen, etc. 3 > celiac trunk	ethmoid bone + medial occipitotemporal parietal b. [gyrus + Mt Ss 1, lateral Ss femur
tibia	Day 1 > lower lateral incisor 2 > L3 3 > suprarenal gland	sphenoid bone + parahippocampal gyrus occipital bone [+ Mt Ss 1, medial Ss tibia
T1	Day 1 > S3 2 > thymus, etc. 3 > lower 1st pre-molar	ethmoid bone + long gyrus temporal bone T1
rib 1	Day 1 > C5 2 > L4 3 > upper 1st pre-molar	sphenoid bone + short gyrus zygomatic bone rib 1
T2	Day 1 > maxilla alveolar process 2 > thymus, etc. 3 > talus	ethmoid bone + dentate gyrus temporal bone T2
rib 2	Day 1 > mandible alveolar process 2 > L4 3 > calcaneus	sphenoid bone + orbital gyrus zygomatic bone rib 2
T3	Day 1 > upper wisdom tooth 2 > thymus, etc. 3 > patella	ethmoid bone + straight gyrus temporal bone T3
rib 3	Day 1 > lower wisdom tooth 2 > L4 3 > fibula	sphenoid bone + subcallosal gyrus zygomatic bone rib 3
T4	Day 1 > upper 2nd molar 2 > thymus, etc. 3 > RLS 10'	ethmoid bone + cingulate gyrus temporal bone T4
rib 4	Day 1 > lower 2nd molar 2 > L4 3 > LLS 10'	sphenoid bone + lingual gyrus zygomatic bone rib 4

Centers-of-Gravity (C's-of-G) for an Optimally-Aligned Inhaling Body for a 360-Day Year, with Associated Exhalation Fixative Structures for Collapse-Prevention of Inhalation C's-of-G, with Correspondence to the Day 3 Bones Which Anchor Each of the 120 Sheets of Part 4 Table

Day 3 Bone	Inhalation C-of-G	Exhalation Fixative Structure
T5	Day 1 > upper 1st molar 2 > thymus, etc. 3 > RLS 9'	ethmoid bone + inferior frontal gyrus temporal bone T5
rib 5	Day 1 > lower 1st molar 2 > L4 3 > LLS 9'	sphenoid bone + inferior frontal gyrus, zygomatic bone opercular part rib 5
T6	Day 1 > upper 2nd pre-molar 2 > thymus, etc. 3 > RLS 8"	ethmoid bone + inferior frontal gyrus, temporal bone triangular part Mc PP4
rib 6	Day 1 > lower 2nd pre-molar 2 > L4 3 > LLS 7+8'	sphenoid bone + inferior frontal gyrus, zygomatic bone orbital part rib 6
T7	Day 1 > upper 1st pre-molar 2 > thymus, etc. 3 > RLS 7'	ethmoid bone + supramarginal gyrus temporal bone T7
rib 7	Day 1 > lower 1st pre-molar 2 > L4 3 > RLS 6'	sphenoid bone + superior temporal gyrus zygomatic bone rib 7
T8	Day 1 > Mt Ss 1, medial Ss 2 > thymus, etc. 3 > LLS 6'	ethmoid bone + middle temporal gyrus + temporal bone lacrimal bone T8
rib 8	Day 1 > L5 2 > L4 3 > RLS 5'	sphenoid bone + inferior temporal gyrus zygomatic bone + maxilla bone rib 8
T9	Day 1 > upper canine 2 > thymus, etc. 3 > LLS 5'	ethmoid bone + angular gyrus + Mt Ss 1, temporal bone lateral Ss T9
rib 9	Day 1 > lower canine 2 > L4 3 > RLS 4'	sphenoid bone + lateral occipitotemporal zygomatic b**.** [gyrus + Mt Ss1, medial Ss rib 9
T10	Day 1 > upper lateral incisor 2 > thymus, etc. 3 > LLS 4'	ethmoid bone + medial occipitotemporal temporal b**.** [gyrus + Mt Ss 1, lateral Ss T10
rib 10	Day 1 > lower lateral incisor 2 > L4 3 > RLS 3'	sphenoid bone + parahippocampal gyrus zygomatic bone [+ Mt Ss 1, medial Ss rib 10

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Day 3 Bone	Inhalation C-of-G	Exhalation Fixative Structure
T11	Day 1 > upper central incisor 2 > thymus, etc. 3 > LLS 3'	ethmoid bone + postcentral gyrus + temporal bone Mt Ss 1, lateral Ss T11
rib 11	Day 1 > lower central incisor 2 > L4 3 > RLS 2'	sphenoid bone + precentral gyrus + zygomatic bone Mt Ss 1, medial Ss rib 11
T12	Day 1 > Mc Ss 1, medial Ss 2 > thymus, etc. 3 > LLS 1+2'	ethmoid bone + middle frontal gyrus + temporal bone body of mandible T12
rib 12	Day 1 > Mc Ss 2 2 > L4 3 > RLS 1'	sphenoid bone + superior frontal gyrus + zygomatic bone ramus of mandible rib 12
fibula	Day 1 > upper central incisor 2 > thymus, etc. 3 > vagus nerve	ethmoid bone + postcentral gyrus + temporal bone Mt Ss 1, lateral Ss fibula
patella	Day 1 > lower central incisor 2 > L4 3 > tonsils	sphenoid bone + precentral gyrus + zygomatic bone Mt Ss 1, medial Ss patella
calcaneus	Day 1 > Mc Ss 1, medial Ss 2 > thymus, etc. 3 > iliac artery	ethmoid bone + middle frontal gyrus + temporal bone body of mandible calcaneus
talus	Day 1 > Mc Ss 2 2 > L4 3 > "gonads"	sphenoid bone + superior frontal gyrus + zygomatic bone ramus of mandible talus
Mt 5	Day 1 > S3 2 > Mt Ss 1, medial Ss 3 > lower central incisor	ethmoid bone + long gyrus lacrimal bone Mt 5
Mt 2	Day 1 > C5 2 > L5 3 > upper central incisor	sphenoid bone + short gyrus maxilla bone Mt 2
Mt PP5	Day 1 > maxilla alveolar process 2 > Mt Ss 1, medial Ss 3 > lower lateral incisor	ethmoid bone + dentate gyrus lacrimal bone Mt PP5
Mt PP2	Day 1 > mandible alveolar process 2 > L5 3 > upper lateral incisor	sphenoid bone + orbital gyrus maxilla bone Mt PP2

Centers-of-Gravity (C's-of-G) for an Optimally-Aligned Inhaling Body for a 360-Day Year, with Associated Exhalation Fixative Structures for Collapse-Prevention of Inhalation C's-of-G, with Correspondence to the Day 3 Bones Which Anchor Each of the 120 Sheets of Part 4 Table

Day 3 Bone	Inhalation C-of-G	Exhalation Fixative Structure
Mt MP5	Day 1 > upper wisdom tooth	ethmoid bone + straight gyrus
	2 > Mt Ss 1, medial Ss	lacrimal bone
	3 > lower canine	Mt MP5
Mt MP2	Day 1 > lower wisdom tooth	sphenoid bone + subcallosal gyrus
	2 > L5	maxilla bone
	3 > upper canine	Mt MP2
Mt DP5	Day 1 > upper 2nd molar	ethmoid bone + cingulate gyrus
	2 > Mt Ss 1, medial Ss	lacrimal bone
	3 > RLS 10	Mt DP5
Mt DP2	Day 1 > lower 2nd molar	sphenoid bone + lingual gyrus
	2 > L5	maxilla bone
	3 > LLS 10	Mt DP2
Mt 4	Day 1 > upper 1st molar	ethmoid bone + inferior frontal gyrus
	2 > Mt Ss 1, medial Ss	lacrimal bone
	3 > RLS 9	Mt 4
navicular	Day 1 > lower 1st molar	sphenoid bone + inferior frontal gyrus,
	2 > L5	maxilla bone opercular part
	3 > LLS 9	navicular
Mt PP4	Day 1 > upper 2nd pre-molar	ethmoid bone + inferior frontal gyrus,
	2 > Mt Ss 1, medial Ss	lacrimal bone triangular part
	3 > RLS 8	Mt PP4
cuneiform intermediate	Day 1 > lower 2nd pre-molar	sphenoid bone + inferior frontal gyrus,
	2 > L5	maxilla bone orbital part
	3 > LLS 7+8	cuneiform intermediate
Mt MP4	Day 1 > upper 1st pre-molar	ethmoid bone + supramarginal gyrus
	2 > Mt Ss 1, medial Ss	lacrimal bone
	3 > RLS 7	Mt MP4
cuneiform lateral	Day 1 > lower 1st pre-molar	sphenoid bone + superior temporal gyrus
	2 > L5	maxilla bone
	3 > RLS 6	cuneiform lateral
Mt DP4	Day 1 > Mt Ss 1, medial Ss	ethmoid bone + middle temporal gyrus +
	2 > Mt Ss 1, medial Ss	lacrimal bone lacrimal bone
	3 > LLS 6	Mt DP4
cuboid	Day 1 > L5	sphenoid bone + inferior temporal gyrus
	2 > L5	maxilla bone + maxilla bone
	3 > RLS 5	cuboid

Centers-of-Gravity (C's-of-G) for an Optimally-Aligned Inhaling Body for a 360-Day Year, with Associated Exhalation Fixative Structures for Collapse-Prevention of Inhalation C's-of-G, with Correspondence to the Day 3 Bones Which Anchor Each of the 120 Sheets of Part 4 Table

Day 3 Bone	Inhalation C-of-G	Exhalation Fixative Structure
Mt 3	Day 1 > upper canine 2 > Mt Ss 1, medial Ss 3 > LLS 5	ethmoid bone + angular gyrus + Mt Ss 1, lacrimal bone lateral Ss Mt 3
cuneiform medial	Day 1 > lower canine 2 > L5 3 > RLS 4	sphenoid bone + lateral occipitotemporal maxilla b**.** [gyrus + Mt Ss 1, medial Ss cuneiform medial
Mt PP3	Day 1 > upper lateral incisor 2 > Mt Ss 1, medial Ss 3 > LLS 4	ethmoid bone + medial occipitotemporal lacrimal b**.** [gyrus + Mt Ss 1, lateral Ss Mt PP3
Mt 1	Day 1 > lower lateral incisor 2 > L5 3 > RLS 3	sphenoid bone + parahippocampal gyrus maxilla bone [+ Mt Ss 1, medial Ss Mt 1
Mt MP3	Day 1 > upper central incisor 2 > Mt Ss 1, medial Ss 3 > LLS 3	ethmoid bone + postcentral gyrus + lacrimal bone Mt Ss 1, lateral Ss Mt MP3
Mt PP1	Day 1 > lower central incisor 2 > L5 3 > RLS 2	sphenoid bone + precentral gyrus + maxilla bone Mt Ss 1, medial Ss Mt PP1
Mt DP3	Day 1 > Mc Ss 1, medial Ss 2 > Mt Ss 1, medial Ss 3 > LLS 1+2	ethmoid bone + middle frontal gyrus + lacrimal bone body of mandible Mt DP3
Mt DP1	Day 1 > Mc Ss 2 2 > L5 3 > RLS 1	sphenoid bone + superior frontal gyrus + maxilla bone ramus of mandible Mt DP1
L5	Day 1 > upper central incisor 2 > Mc Ss 1, medial Ss 3 > L5	ethmoid bone + postcentral gyrus + body of mandible Mt Ss 1, lateral Ss L5
Mc Ss 2	Day 1 > lower central incisor 2 > Mc Ss 2 3 > Mc Ss 2	sphenoid bone + precentral gyrus + ramus of mandible Mt Ss 1, medial Ss Mc Ss 2
Mc Ss 1	Day 1 > Mc Ss 1, medial Ss 2 > Mc Ss 1, medial Ss 3 > Mc Ss 1	ethmoid bone + middle frontal gyrus + body of mandible body of mandible Mc Ss 1
Mt Ss 1	Day 1 > Mc Ss 2 2 > Mc Ss 2 3 > Mt Ss 1	sphenoid bone + superior frontal gyrus + ramus of mandible ramus of mandible Mt Ss 1

Table of

Day 1, Day 2, Day 3

Extending-Body

Bob Hook Complexes and Aids

(as well as Bob Centers)

TABLE

8:52 a.m. 7/2/1939 HUMAN as Bob or Pendulum from Crista Galli as Hook or Pivot for 6/3 - 6/5/2014

DAY 1 BOB HOOK COMPLEX is ETHMOID/Sphenoid BONE with breath through Nasolacrimal Duct (N.D.) & Superior Lacrimal Canaliculus to activate the Sigmoid/Transverse Sinus thereby arranging the LONG GYRUS to align APPARATUS OF EYE ITSELF to form Lens for spectral energy transmission, "muscles" are the medial-most 3-member set (1-3) of 3 equatorial zonular fibers per set.

DAY 2 BOB-A (see Box 4) is VOMER BONE/Xiphoid Process with 2nd breath component through N.D. & Inferior Lacrimal Canaliculus to activate Cavernous Sinus 1 thereby arranging OLFACTORY NERVE (C.N. I) to continue proper gyrus function, muscles are the dilator, sphincter and orbitalis of the eye.

DAY 3 BOB HOOK COMPLEX AID (BOB-A) is Vomer Bone/XIPHOID PROCESS with 3rd component of breath through Frontonasal Duct to activate Frontal Sinus thereby arranging SPINAL NERVE 1 (C5 Spinal Nerve) to continue proper gyrus function, muscles are as shown.

In order for the above described Bob Hook Complex to approach optimal function, there can be no misalignment of its associated bone, muscle and organ structures. In the lower set of boxed columns, preceded in the upper set by the enabling breath tracts, and aligned to the 6 spectral energy time intervals in 24 hours at left, are the 6 spectral energy associated structures as correlated with each numbered bone further below in the dated boxes. The 3 dated boxes then show the associated bone scaffold for the Xiphoid Process with the muscles for each bone of the scaffold changing through the 3 dates to provide on-going bone adjustment.

TIME INTERVALS corresponding to the 6 periods in 24 hours in which energy need evolved from possible available ranges of spectral energy from radio to gamma rays:	**1** Breath thru nasolacrimal duct into inferior lacrimal canaliculus to activate cavernous sinus 1 & Eye Apparatus:	**2** Breath through frontonasal duct to activate frontal sinus and the	**3** Breath through Eustacean tube to activate anterior semicircular duct ampulla and the	**4** Breath through inferior nasal meatus & incisive canal to activate RLS 1:	**5** Breath through middle nasal meatus & incisive canal to activate RLS 4:	**6** Breath through superior nasal meatus & incisive canal to activate LLS 7+8:	**EXIT ROUTES** for unincorporated wave lengths of spectral energy:
8:52am-11:16am >	Part 1 <lymph>	Bone Marrow	Kidney	Part 1	Part 1	Part 1	urethra
11:16am-4:04pm >	Part 2 <blood>	Carotid Artery	Gallbladder	Part 2	Part 2	Part 2	armpits
4:04pm-12:52am >	Part 3<hormone>	Pineal Gland	Duodenum	Part 3	Part 3	Part 3	nipples
12:52am-7:16am >	Part 4 <DNA>	Cerebellum 1	Liver	Part 4	Part 4	Part 4	anus
7:16am-8:04am >	Part 5 <RNA>	Cerebrum 1	Lat.Vent., R.F.	Part 5	Part 5	Part 5	eye
8:04am-8:52am >	Part 6 <protein>	Cranial Nerve I	Nerve C5	Part 6	Part 6	Part 6	vagina

6/3/2014 DAY 1 BOB HOOK COMPLEX above (ETHMOID BONE brought forth in forming cerebrum) was originated, & is altered, in connection with Bob Center*, S3 (by way of ingress of outside environment), through aegis of the Long Gyrus.

Associated bones/muscles are (1) Vomer Bone - eye's dilator muscle
(2) Xiphoid Process - ciliaris, longitudinal fibers
(3) C1 ciliaris, longitudinal fibers
(4) Mc 5 ciliaris, longitudinal fibers
(5) T1 ciliaris, longitudinal fibers
(6) Mt 5 ciliaris, longitudinal fibers

*Bob Center is day's Center of Gravity.

6/4/2014 Day 2 Bob-A below was originated, & is altered, in connection with Bob Center, Ethmoid Bone overseen Series of Soft Tissue Structure (Cerebrum) (by way of Ethmoid Cells), in conjunction with Cranial Nerve I (Olfactory).

DAY 2 BOB-A > (1) VOMER BONE - eye's sphincter muscle
Associated bones/muscles are (2) Xiphoid Process - ciliaris, circular fibers
(3) C1 ciliaris, circular fibers
(4) Mc 5 ciliaris, circular fibers
(5) T1 ciliaris, circular fibers
(6) Mt 5 ciliaris, circular fibers

6/5/2014 Day 3 Bob Hook Complex Aid (Bob-A) below was originated, & is altered, in connection with Bob Center, Ethmoid Bones's 6th Partition.

(1) Vomer Bone - eye's orbitalis muscle
DAY 3 BOB-A > (2) XIPHOID PROCESS - ciliaris, radial fibers
(3) C1 ciliaris, radial fibers
(4) Mc 5 ciliaris, radial fibers
(5) T1 ciliaris, radial fibers
(6) Mt 5 ciliaris, radial fibers

PROCESS FOR ALTERING STRUCTURES (see Text at beginning of Part 5 for elucidation)
with the following occurances proposed as associated with progress toward optimal functioning

Read boxes from left to right	Inhalation along given tracts "to" given structures,	Likely causes (1) eye tracts to receive spectral energy (with surrogate aid from 6 Exit correspondents*) & intake into	And (2) pressure (for alteration) on	Exhalation with no collapse of breath tract & structures,	Causes (1) pressure (for alteration) on	And (2)	And (3)
Day 1 ^ = * see page bottom for each	Superior lacrimal canaliculi "to" Sigmoid/ transverse sinuses,	S3 ^	Ethmoid bone ^^ (+ cerebrum) & Long gyri ^^;	Sup.lac.can. & Sig./trans. sinuses & 6 Exit correspondents* & S3 ^ & Ethmoid bone ^^ (+ cerebrum) & Long gyri ^^,	And intake into Ethmoid bone ^^ (+ cerebrum) & Long gyri ^^	Breath "to" Sigmoid/ transverse sinuses to disperse to receiving structures of the brain to serve during inhalation	Exhalation pressure brought to bear on 6 Exit correspondents* to precipitate that which*** will serve possible surrogate, specifically needed spectral energy roles during inhalation; unused "spectral energy" pressure of the breath cycle disperses to Exits**.
Day 2 ^ = * see below for each	Inferior lacrimal canaliculi "to" Cavernous sinuses 1, 4 gyri) (+ Cranial Nerve I, Olfactory)	As above but for Cerebrum compartments 1-6 ^ (each with	As above but for the Vomer bone ^^;	Inf. lac. can. & Cavernous sinuses 1 & 6 Exit correspondents* & Cerebrum 1-6 ^ (+ CN I) & Vomer bone ^^,	Cerebrum compartments 1-6 ^ (each with 4 gyri) (+CN I) & intake into Vomer bone ^^	Breath "to" Cavernous sinuses 1 to disperse to receiving structures of the brain	As above
Day 3 ^ = * see below	Fronto-nasal duct "to" Frontal sinus,	As above for Ethmoid bone's 6th partition ^ 6th partition^ & Xiphoid process^^,	As above but for the Xiphoid process ^^	Frontal sinus & 6 Exit correspondents* & Ethmoid bone's	Ethmoid bone's 6th partition^ & intake into Xiphoid process^^	Breath "to" Frontal sinus to disperse to receiving destinations	As above

Note: Maintain alignment of L5/pisiform, McSs2/incus, McSs1/hyoid, MtSs1/patella.

Commentary on the Ciliaris Muscle and Possible Sensation of Directions of Stretch of Its 3 Fibers

Of the 3 layers of the eyeball, the middle one contains the choroid sweeping around the back of the eyeball with the ciliary body and iris forming the front of the layer. The ciliary muscle of the ciliary body brings about the change in the shape of the lens of the eye. For bringing a near object into focus a thicker, more convex lens is required. This thicker, more convex lens is formed by pulling forward the ciliary body and the connecting choroid in order to relieve tension on zonular fibers connecting the ciliary body and the lens. The longitudinal, circular and radial fibers of the ciliaris muscle manipulate the ciliary body. It is possible the addition of all subsequent muscles to the body (as well as other structures) serve ultimately to manipulate the ciliary body to shape the lens while attempting always to align the fovea centralis to the hyaloid canal.

Day 1, Day 2 and Day 3 muscles below each serves on its day for the xiphoid process, C1, Mc 5, T1 & Mt 5.

ciliaris, longitudinal fibers - sensation of fibers curving perpendicularly backward through ciliary body from direction of iris toward choroid starting at top front of ciliary-body part of eyeball and progressing in top-to-bottom rows around eyeball in 24 hours, perpendicularly from direction of iris.

ciliaris, circular fibers - sensation of fibers curving through ciliary body parellel to lens in circular bands from bottom of eyeball to top with band origins progressing from back to front along bottom of ciliary body.

ciliaris, radial fibers - sense of most internal fiber/s curving obliquely from area of last reach of circular fiber (at top front of ciliary-body) ultimately straightening in 24 hours toward top back of eyeball.

^ & ^^ : ^ is Part 2's "Inroad Channel" (= Center of Gravity) & ^^ is the "Resulting Structure" (= Day's "Bone")

*Exit correspondents associated with Day 1, Day 2 & Day 3 structures are shown below						** Exits
8:52a - 11:16a | Eye part 1 |	Bone Marrow	Kidney	RLS 1, p.1	RLS 4, p.1	LLS7+8,p.1	Urethra
11:16a - 4:04p | Eye part 2 |	Carotid Artery	Gallbladder	part 2	part 2	part 2	Armpits
4:04p - 12:52a | Eye part 3 |	Pineal Gland	Duodenum	part 3	part 3	part 3	Nipples
12:52a - 7:16a | Eye part 4 |	Cerebellum 1	Liver	part 4	part 4	part 4	Anus
7:16a - 8:04a | Eye part 5 |	Cerebrum 1	Lat.Vent., R.F.	part 5	part 5	part 5	Eye
8:04a - 8:52a | Eye part 6 |	Cranial nerve I	Nerve C5	part 6	part 6	part 6	Vagina

*** Being that which is needed to allow constant organism alteration for constant universe change.

8:52 a.m. 7/2/1939 HUMAN as Bob or Pendulum from Crista Galli as Hook or Pivot for 6/6 - 6/8/2014

DAY 1 BOB HOOK COMPLEX is Ethmoid/SPHENOID BONE with breath through Nasolacrimal Duct (N.D.) & Superior Lacrimal Canaliculus to activate the Sigmoid/Transverse Sinus thereby arranging the SHORT GYRUS to align APPARATUS OF EYE ITSELF to form Lens for spectral energy transmission, "muscles" are the upper, medial quadrant 3-member set (4-6) of 3 equatorial zonular fibers per set.

DAY 2 BOB HOOK COMPLEX AID is PALATINE/Sternum BONE with 2nd component of breath through N.D. & Inferior Lacrimal Canaliculus to activate Cavernous Sinus 1 thereby arranging OPTIC NERVE (C.N. II) to continue proper gyrus function, muscles are the dilator, sphincter and orbitalis of the eye.

DAY 3 BOB HOOK COMPLEX AID (BOB-A) is Palatine/STERNUM BONE with 3rd component of breath through Frontonasal Duct to activate Frontal Sinus thereby arranging SPINAL NERVE 2 (C6 Spinal Nerve) to continue proper gyrus function, muscles are as shown.

In order for the above described Bob Hook Complex to approach optimal function, there can be no misalignment of its associated bone, muscle and organ structures. In the lower set of boxed columns, preceded in the upper set by the enabling breath tracts, and aligned to the 6 spectral energy time intervals in 24 hours at left, are the 6 spectral energy associated structures as correlated with each numbered bone further below in the dated boxes. The 3 dated boxes then show the associated bone scaffold for the Sternum with the muscles for each bone of the scaffold changing through the 3 dates to provide on-going bone adjustment.

TIME INTERVALS	1	2	3	4	5	6	EXIT
corresponding to the 6 periods in 24 hours in which energy need evolved from possible available ranges of spectral energy from radio to gamma rays:	Breath thru nasolacrimal duct into inferior lacrimal canaliculus to activate cavernous sinus 1 & Eye Apparatus:	Breath through frontonasal duct to activate frontal sinus and the	Breath through Eustacean tube to activate anterior semicircular duct ampulla and the	Breath through inferior nasal meatus & incisive canal to activate RLS 1:	Breath through middle nasal meatus & incisive canal to activate RLS 4:	Breath through superior nasal meatus & incisive canal to activate LLS 7+8:	ROUTES for unincorporated wave lengths of spectral energy:
8:52am-11:16am >	Part 1 <lymph>	Bone Marrow	Kidney	Part 1	Part 1	Part 1	urethra
11:16am-4:04pm >	Part 2 <blood>	Carotid Artery	Gallbladder	Part 2	Part 2	Part 2	armpits
4:04pm-12:52am >	Part 3<hormone>	Pineal Gland	Duodenum	Part 3	Part 3	Part 3	nipples
12:52am-7:16am >	Part 4 <DNA>	Cerebellum 1	Liver	Part 4	Part 4	Part 4	anus
7:16am-8:04am >	Part 5 <RNA>	Cerebrum 2	Lat.Vent., R.F.	Part 5	Part 5	Part 5	eye
8:04am-8:52am >	Part 6 <protein>	Cranial Nerve II	Nerve C6	Part 6	Part 6	Part 6	vagina

6/6/2014 DAY 1 BOB HOOK COMPLEX above (SPHENOID BONE brought forth in forming cerebellum) was originated, & is altered, in connection with Bob Center, C5 (by way of ingress of outside environment), through aegis of the Short Gyrus.

Associated bones/muscles are (1) Palatine Bone - eye's dilator muscle
(2) Sternum - uterus/scrotum, longitudinal fibers
(3) C2 uterus/scrotum, longitudinal fibers
(4) Mc 2 uterus/scrotum, longitudinal fibers
(5) Rib 1 uterus/scrotum, longitudinal fibers
(6) Mt 2 uterus/scrotum, longitudinal fibers

6/7/2014 Day 2 Bob Hook Complex Aid (Bob-A) below was originated, and is altered, in connection with Bob Center, S2 (by way of Ethmoid Cells), in conjunction with Cranial Nerve II (Optic).

DAY 2 BOB-A > (1) PALATINE BONE - eye's sphincter muscle
Associated bones/muscles are (2) Sternum - uterus/scrotum, circular fibers
(3) C2 uterus/scrotum, circular fibers
(4) Mc 2 uterus/scrotum, circular fibers
(5) Rib 1 uterus/scrotum, circular fibers
(6) Mt 2 uterus/scrotum, circular fibers

6/8/2014 Day 3 Bob Hook Complex Aid below was originated, & is altered, in connection with Bob Center, Vomer's Bone Marrow.

(1) Palatine Bone - eye's orbitalis muscle
DAY 3 BOB-A > (2) STERNUM - uterus/scrotum, radial fibers
(3) C2 uterus/scrotum, radial fibers
(4) Mc 2 uterus/scrotum, radial fibers
(5) Rib 1 uterus/scrotum, radial fibers
(6) Mt 2 uterus/scrotum, radial fibers

PROCESS FOR ALTERING STRUCTURES as associated with progress toward optimal functioning

Read boxes from left to right	**Inhalation along given tracts "to" given structures,**	**Likely causes (1) eye tracts to receive spectral energy (with surrogate aid from 6 Exit correspondents*) & intake into**	**And (2) pressure (for alteration) on**	**Exhalation with no collapse of breath tract & structures,**	**Causes (1) pressure (for alteration) on**	**And (2)**	**And (3)**
Day 1 ^ = * see page bottom for each	Superior lacrimal canaliculi "to" Sigmoid/ transverse sinuses,	C5 ^	Sphenoid bone ^^ (+ cerebellum) & Short gyri ^^;	Sup.lac.can. & Sig./trans. sinuses & 6 Exit correspondents* & C5 ^ & Sphenoid bone ^^ (+ cerebellum) & Short gyri ^^,	**And intake into** Sphenoid bone ^^ (+ cerebellum) & Short gyri ^^	Breath "to" Sigmoid/ transverse sinuses to disperse to receiving structures of the brain to serve during inhalation	Exhalation pressure brought to bear on 6 Exit correspondents* to precipitate that which*** will serve possible surrogate, specifically needed spectral energy roles during inhalation; unused "spectral energy" pressure of the breath cycle disperses to Exits**.
Day 2 ^ = * see below for each	Inferior lacrimal canaliculi "to" Cavernous sinuses 1,	As above but for S2 ^ (+ CN II, i.e. Cranial nerve II, Optic)	As above but for the Palatine bone ^^;	Inf. lac. can. & Cavernous sinuses 1 & 6 Exit correspondents* & S2 ^ (+ CN II) & Palatime bone ^^,	S2 ^ (+ CN II) **And intake into** Palatine bone ^^	Breath "to" Cavernous sinuses 1 to disperse to receiving structures of the brain	As above
Day 3 ^ = * see below	Fronto-nasal duct "to" Frontal sinus,	As above but for the Vomer's bone marrow ^	As above but for the Sternum ^^	Frontal sinus & 6 Exit correspondents* & Vomer's bone marrow ^ & the Sternum ^^,	Vomer's bone marrow ^ **& intake into** the Sternum ^^	Breath "to" Frontal sinus to disperse to receiving destinations	As above

Commentary on Uterus/Scrotum Muscle & Possible Sensation of Directions of Stretch of Its 3 Fibers

The muscle for the body's second scaffold of bones is either the uterus or the scrotum, the only differently located muscularly developed structures of the body associated with a single bone, with the different locations of the two muscles, which serve the same bone in female and male, perhaps being the source of the differentiation of the sexes. Only the uterus is considered here. It opens into the top of the vagina which extends behind the urethra and the bladder, the latter being at the lower front of the body behind the pubic symphysis. From its opening into the vagina's top, beyond the bladder's top rear, the uterus curves over the bladder toward the body's front. As with the ciliary muscle, there are longitudinal, circular & radial muscle fibers.

uterus/scrotum, longitudinal fibers - sensation of fibers extending first along top of uterus from above its cervical opening into vagina out to / over the fundus of uterus at its extension over the bladder toward the front wall of the body - with subsequent fibers laterally paralleling the first fibers. This muscle serves for the sternum, C2, Mc 2, rib 1, and Mt 2 as Day 1 bones.

uterus/scrotum, circular fibers - sense of circular bands of fibers proceeding (from bottom side) along fallopian tubes toward uterus & then, parallel, enlarging bands proceeding across uterus over its fundus & around its side so the two sets of bands crisscross one another along the top and bottom of uterus seguing into circular bands around the uterus as it approaches its cervical opening into the vagina. This muscle serves the sternum, C2, Mc 2, rib 1 and Mt 2 as Day 2 bones **as does the one below when they are Day 3 bones**.

uterus/scrotum, radial fibers - sense of most internal fiber/s curving obliquely from area of last reach of circular fibers thru uterus & fallopian tubes, fibers straightening in 24 hours toward end of 1st longitudinal fiber.

^ & ^^ **:** ^ is Part 2's "Inroad Channel" (= Center of Gravity) & ^^ is the "Resulting Structure" (= Day's "Bone")

***Exit correspondents associated with Day 1, Day 2 & Day 3 structures are shown below**						**** Exits**
8:52a - 11:16a **|** Eye part 1 **|**	Bone Marrow	Kidney	RLS 1, p.1	RLS 4, p.1	LLS7+8,p.1	Urethra
11:16a - 4:04p **|** Eye part 2 **|**	Carotid Artery	Gallbladder	part 2	part 2	part 2	Armpits
4:04p - 12:52a **|** Eye part 3 **|**	Pineal Gland	Duodenum	part 3	part 3	part 3	Nipples
12:52a - 7:16a **|** Eye part 4 **|**	Cerebellum 1	Liver	part 4	part 4	part 4	Anus
7:16a - 8:04a **|** Eye part 5 **|**	Cerebrum 2	Lat.Vent., R.F.	part 5	part 5	part 5	Eye
8:04a - 8:52a **|** Eye part 6 **|**	Cranial nerve II	Nerve C6	part 6	part 6	part 6	Vagina

***** Being that which is needed to allow constant organism alteration for constant universe change.**

8:52 a.m. 7/2/1939 HUMAN as Bob or Pendulum from Crista Galli as Hook or Pivot for 6/9 - 6/11/2014

DAY 1 BOB HOOK COMPLEX is ETHMOID/Sphenoid BONE with breath through Nasolacrimal Duct (N.D.) & Superior Lacrimal Canaliculus to activate the Sigmoid/Transverse Sinus thereby arranging the DENTATE GYRUS to align ANTERIOR SEMICIRCULAR DUCT AMPULLA to form Lens, "muscles" are the upper, medial quadrant 3-member set (7-9) of 3 equatorial zonular fibers per set.

DAY 2 BOB-A is VOMER/Manubrium BONE with 2nd component of breath through N.D. & Inferior Lacrimal Canaliculus to activate Cavernous Sinus 1 thereby arranging OLFACTORY NERVE (C.N. I) to continue proper gyrus function, muscles are the dilator, sphincter and orbitalis of the eye.

DAY 3 BOB HOOK COMPLEX AID (BOB-A) is Vomer/MANUBRIUM BONE with 3rd component of breath through Frontonasal Duct to activate Frontal Sinus thereby arranging SPINAL NERVE 3 (C7 Spinal Nerve) to continue proper gyrus function, muscles are as shown.

In order for the above described Bob Hook Complex to approach optimal function, there can be no misalignment of its associated bone, muscle and organ structures. In the lower set of boxed columns, preceded in the upper set by the enabling breath tracts, and aligned to the 6 spectral energy time intervals in 24 hours at left, are the 6 spectral energy associated structures as correlated with each numbered bone further below in the dated boxes. The 3 dated boxes then show the associated bone scaffold for the Manubrium with the muscles for each bone of the scaffold changing through the 3 dates to provide on-going bone adjustment.

TIME INTERVALS corresponding to the 6 periods in 24 hours in which energy need evolved from possible available ranges of spectral energy from radio to gamma rays:	**1** Breath thru nasolacrimal duct into inferior lacrimal canaliculus to activate cavernous sinus 1 & Eye Apparatus:	**2** Breath through frontonasal duct to activate frontal sinus and the	**3** Breath through Eustacean tube to activate anterior semicircular duct ampulla and the	**4** Breath through inferior nasal meatus & incisive canal to activate RLS 1:	**5** Breath through middle nasal meatus & incisive canal to activate RLS 4:	**6** Breath through superior nasal meatus & incisive canal to activate LLS 7+8:	**EXIT ROUTES** for unincorporated wave lengths of spectral energy:
8:52am-11:16am >	Part 1 <lymph>	Bone Marrow	Kidney	Part 1	Part 1	Part 1	urethra
11:16am-4:04pm >	Part 2 <blood>	Carotid Artery	Gallbladder	Part 2	Part 2	Part 2	armpits
4:04pm-12:52am >	Part 3<hormone>	Pineal Gland	Duodenum	Part 3	Part 3	Part 3	nipples
12:52am-7:16am >	Part 4 <DNA>	Cerebellum 1	Liver	Part 4	Part 4	Part 4	anus
7:16am-8:04am >	Part 5 <RNA>	Cerebrum 3	Lat.Vent., R.F.	Part 5	Part 5	Part 5	eye
8:04am-8:52am >	Part 6 <protein>	Cranial Nerve I	Nerve C7	Part 6	Part 6	Part 6	vagina

6/9/2014 DAY 1 BOB HOOK COMPLEX above is altered in connection with Bob Center, Maxilla Alveolar Process (by way of Ethmoid Cells), through aegis of the Dentate Gyrus.

Associated bones/muscles are (1) Vomer Bone - eye's dilator muscle
(2) Manubrium - levator palpebrae superioris, superficial lamella

(3) C3
levator palpebrae superioris, superficial lamella

(5) T2
levator palpebrae superioris, superficial lamella

(4) Mc PP5
levator palpebrae superioris, superficial lamella

(6) Mt PP5
levator palpebrae superioris, superficial lamella

6/10/2014 Day 2 Bob-A below was originated, & is altered, in connection with Bob Center, Ethmoid Bone overseen Series of Soft Tissue Structure (Cerebrum) (by way of Ethmoid Cells), in conjunction with Cranial Nerve I (Olfactory).

DAY 2 BOB-A > (1) VOMER BONE - eye's sphincter muscle
Associated bones/muscles are (2) Manubrium - levator palpebrae superioris, middle lamella

(3) C3
levator palpebrae superioris, middle lamella

(5) T2
levator palpebrae superioris, middle lamella

(4) Mc PP5
levator palpebrae superioris, middle lamella

(6) Mt PP5
levator palpebrae superioris, middle lamella

6/11/2014 Day 3 Bob Hook Complex Aid (Bob-A) below was originated, & is altered, in connection with Bob Center, Vomer's Carotid Artery.

(1) Vomer Bone - eye's orbitalis muscle
DAY 3 BOB-A > (2) MANUBRIUM - levator palpebrae superioris, deep lamella

(3) C3
levator palpebrae superioris, deep lamella

(5) T2
levator palpebrae superioris, deep lamella

(4) Mc PP5
levator palpebrae superioris, deep lamella

(6) Mt PP5
levator palpebrae superioris, deep lamella

PROCESS FOR ALTERING STRUCTURES (see Text at beginning of Part 5 for elucidation)
with the following occurances proposed as associated with progress toward optimal functioning

Read boxes from left to right	Inhalation along given tracts "to" given structures,	Likely causes (1) eye tracts to receive spectral energy (with surrogate aid from 6 Exit correspondents*) & intake into	And (2) pressure (for alteration) on	Exhalation with no collapse of breath tract & structures,	Causes (1) pressure (for alteration) on	And (2)	And (3)
Day 1 ^ = * see page bottom for each	Superior lacrimal canaliculi "to" Sigmoid/ transverse sinuses,	Maxilla alveolar process ^	Dentate gyri ^^;	Sup.lac.can. & Sig./trans. sinuses & 6 Exit correspondents* & Maxilla alveolar process ^ & Dentate gyri ^^,	Maxilla alveolar process ^ And intake into Dentate gyri ^^	Breath "to" Sigmoid/ transverse sinuses to disperse to receiving structures of the brain to serve during inhalation	Exhalation pressure brought to bear on 6 Exit correspondents* to precipitate that which*** will serve possible surrogate, specifically needed spectral energy roles during inhalation; unused "spectral energy" pressure of the breath cycle disperses to Exits**.
Day 2 ^ = * see below for each	Inferior lacrimal canaliculi "to" Cavernous sinuses 1,	As above but for Cerebrum compartments 1-6 ^ (each with 4 gyri) (+ Cranial Nerve I, Olfactory)	As above but for the Vomer bone ^^;	Inf. lac. can. & Cavernous sinuses 1 & 6 Exit correspondents* & Cerebrum 1-6 ^ (+ CN I) & Vomer bone ^^,	Cerebrum compartments 1-6 ^ (each with 4 gyri) (+CN I) & intake into Vomer bone ^^	Breath "to" Cavernous sinuses 1 to disperse to receiving structures of the brain	As above
Day 3 ^ = * see below	Fronto-nasal duct "to" Frontal sinus,	As above but for the Vomer's carotid artery ^	As above but for the Manubrium ^^	Frontal sinus & 6 Exit correspondents* & Vomer's carotid artery ^ & the Manubrium ^^,	Vomer's carotid artery ^ & intake into the Manubrium ^^	Breath "to" Frontal sinus to disperse to receiving destinations	As above

Note: Maintain alignment of L5**/**pisiform, McSs2**/**incus, McSs1**/**hyoid, MtSs1**/**patella.

Commentary on Levator Palpebrae Superioris Muscle & Directions of Stretch of Its 3 Fibers

The pattern for the muscle fibers of the first, second and fourth 3-day bones of the body would seem to be the same, these being the xiphoid process, sternum and clavicle with their corresponding muscles being the fibers of the ciliaris, uterus/scrotum and bladder. The pattern for the muscle of the third 3-day bone, the manubrium, would seem to be different. This is the levator palpebrae superioris muscle, with a superior, a middle and a deep lamella, all seeming to blend together as part of the optic nerve and to run parallel to one another rather than to have longitudinal, circular and radial aspects. Perhaps the difference in muscle pattern results from the sort of bone the manubrium is. It is a beginning bone of the body which most lets other connecting bones change direction to extend toward other spatial directions. Perhaps since this possibility extends from the bone itself, the role of the muscle fibers becomes different.

levator palpebrae superioris, superficial lamella - from upper eyelid over sup. tarsus to upper optic canal
This same muscle serves for the manubrium, C3, Mc PP5, T2 and Mt PP5 as Day 1 bones.

levator palpebrae superioris, middle lamella - from upper optic canal to superior tarsus
This same muscle serves for the manubrium, C3, Mc PP5, T2 and Mt PP5 as Day 2 bones.

levator palpebrae superioris, deep lamella - from superior fornix deep to sup. tarsus to upper optic canal
This same muscle serves for the manubrium, C3, Mc PP5, T2 and Mt PP5 as Day 3 bones.

^ & ^^ **:** ^ is Part 2's "Inroad Channel" (= Center of Gravity) & ^^ is the "Resulting Structure" (= Day's "Bone")

***Exit correspondents associated with Day 1, Day 2 & Day 3 structures are shown below							** Exits
8:52a - 11:16a **|** Eye part 1 **|**	Bone Marrow	Kidney	RLS 1, p.1	RLS 4, p.1	LLS7/8,p.1		Urethra
11:16a - 4:04p **|** Eye part 2 **|**	Carotid Artery	Gallbladder	part 2	part 2	part 2		Armpits
4:04p - 12:52a **|** Eye part 3 **|**	Pineal Gland	Duodenum	part 3	part 3	part 3		Nipples
12:52a - 7:16a **|** Eye part 4 **|**	Cerebellum 1	Liver	part 4	part 4	part 4		Anus
7:16a - 8:04a **|** Eye part 5 **|**	Cerebrum 3	Lat.Vent., R.F	part 5	part 5	part 5		Eye
8:04a - 8:52a **|** Eye part 6 **|**	Cranial nerve I	Nerve C7	part 6	part 6	part 6		Vagina

***** That which is formed is that which is needed to serve in altering organism structures to allow the organism to continually change to accord itself to its constantly altering universe.**

8:52 a.m. 7/2/1939 HUMAN as Bob or Pendulum from Crista Galli as Hook or Pivot for 6/12 - 6/14/2014

DAY 1 BOB HOOK COMPLEX is Ethmoid/SPHENOID BONE with breath through Nasolacrimal Duct (N.D.) & Superior Lacrimal Canaliculus to activate the Sigmoid/Transverse Sinus thereby arranging the ORBITAL GYRUS to align ANTERIOR SEMICIRCULAR DUCT AMPULLA to form Lens,
"muscles" are the upper, medial quadrant 3-member set (10-12) of 3 equatorial zonular fibers per set.

DAY 2 BOB HOOK COMPLEX AID is PALATINE/Clavicle BONE with 2nd component of breath through N.D. & Inferior Lacrimal Canaliculus to activate Cavernous Sinus 1 thereby arranging OPTIC NERVE (C.N. II) to continue proper gyrus function, muscles are the dilator, sphincter and orbitalis of the eye.

DAY 3 BOB HOOK COMPLEX AID (BOB-A) is Palatine/CLAVICLE BONE with 3rd component of breath through Frontonasal Duct to activate Frontal Sinus thereby arranging SPINAL NERVE 4 (C8 Spinal Nerve) to continue proper gyrus function, muscles are as shown.

In order for the above described Bob Hook Complex to approach optimal function, there can be no misalignment of its associated bone, muscle and organ structures. In the lower set of boxed columns, preceded in the upper set by the enabling breath tracts, and aligned to the 6 spectral energy time intervals in 24 hours at left, are the 6 spectral energy associated structures as correlated with each numbered bone further below in the dated boxes. The 3 dated boxes then show the associated bone scaffold for the Clavicle with the muscles for each bone of the scaffold changing through the 3 dates to provide on-going bone adjustment.

TIME INTERVALS corresponding to the 6 periods in 24 hours in which energy need evolved from possible available ranges of spectral energy from radio to gamma rays:	1 Breath thru nasolacrimal duct into inferior lacrimal canaliculus to activate cavernous sinus 1 & Eye Apparatus:	2 Breath through frontonasal duct to activate frontal sinus and the	3 Breath through Eustacean tube to activate anterior semicircular duct ampulla and the	4 Breath through inferior nasal meatus & incisive canal to activate RLS 1:	5 Breath through middle nasal meatus & incisive canal to activate RLS 4:	6 Breath through superior nasal meatus & incisive canal to activate LLS 7+8:	EXIT ROUTES for unincorporated wave lengths of spectral energy:
8:52am-11:16am >	Part 1 <lymph>	Bone Marrow	Kidney	Part 1	Part 1	Part 1	urethra
11:16am-4:04pm >	Part 2 <blood>	Carotid Artery	Gallbladder	Part 2	Part 2	Part 2	armpits
4:04pm-12:52am >	Part 3<hormone>	Pineal Gland	Duodenum	Part 3	Part 3	Part 3	nipples
12:52am-7:16am >	Part 4 <DNA>	Cerebellum 1	Liver	Part 4	Part 4	Part 4	anus
7:16am-8:04am >	Part 5 <RNA>	Cerebrum 4	Lat.Vent., R.F.	Part 5	Part 5	Part 5	eye
8:04am-8:52am >	Part 6 <protein>	Cranial Nerve II	Nerve C8	Part 6	Part 6	Part 6	vagina

6/12/2014 DAY 1 BOB HOOK COMPLEX above is altered in connection with Bob Center, Mandible Alveolar Process (by way of Ethmoid Cells), through aegis of the Orbital Gyrus.

Associated bones/muscles are (1) Palatine Bone - eye's dilator muscle
(2) Clavicle - bladder, longitudinal fibers

(3) C4
bladder, longitudinal fibers

(5) Rib 2
bladder, longitudinal fibers

(4) Mc PP2
bladder, longitudinal fibers

(6) Mt PP2
bladder, longitudinal fibers

6/13/2014 Day 2 Bob Hook Complex Aid (Bob-A) below was originated, and is altered, in connection with Bob Center, S2 (by way of Ethmoid Cells), in conjunction with Cranial Nerve II (Optic).

DAY 2 BOB-A > (1) PALATINE BONE - eye's sphincter muscle
Associated bones/muscles are (2) Clavicle - bladder, circular fibers

(3) C4
bladder, circular fibers

(5) Rib 2
bladder, circular fibers

(4) Mc PP2
bladder, circular fibers

(6) Mt PP2
bladder, circular fibers

6/14/2014 Day 3 Bob Hook Complex Aid below was originated, & is altered, in connection with Bob Center, Vomer's Pineal Gland.

DAY 3 BOB-A > (1) Palatine Bone - eye's orbitalis muscle
(2) CLAVICLE - bladder, radial fibers

(3) C4
bladder, radial fibers

(5) Rib 2
bladder, radial fibers

(4) Mc PP2
bladder, radial fibers

(6) Mt PP2
bladder, radial fibers

PROCESS FOR ALTERING STRUCTURES (see Text at beginning of Part 5 for elucidation)
with the following occurances proposed as associated with progress toward optimal functioning

Read boxes from left to right	Inhalation along given tracts "to" given structures,	Likely causes (1) eye tracts to receive spectral energy (with surrogate aid from 6 Exit correspondents*) & intake into	And (2) pressure (for alteration) on	Exhalation with no collapse of breath tract & structures,	Causes (1) pressure (for alteration) on	And (2)	And (3)
Day 1 ^ = * see page bottom for each	Superior lacrimal canaliculi "to" Sigmoid/ transverse sinuses,	Mandible alveolar process ^	Orbital gyri ^^;	Sup.lac.can. & Sig./trans. sinuses & 6 Exit correspondents* & Mandible alveolar process ^ & Orbital gyri ^^,	Mandible alveolar process ^ **And intake into** Orbital gyri ^^	Breath "to" Sigmoid/ transverse sinuses to disperse to receiving structures of the brain to serve during inhalation	Exhalation pressure brought to bear on 6 Exit correspondents* to precipitate that which*** will serve possible surrogate, specifically needed spectral energy roles during inhalation; unused "spectral energy" pressure of the breath cycle disperses to Exits**.
Day 2 ^ = * see below for each	Inferior lacrimal canaliculi "to" Cavernous sinuses 1,	As above but for S2 ^ (+ CN II, i.e. Cranial nerve II, Optic)	As above but for the Palatine bone ^^;	Inf. lac. can. & Cavernous sinuses 1 & 6 Exit correspondents* & S2 ^ (+ CN II) & Palatime bone ^^,	S2 ^ (+ CN II) **And intake into** Palatine bone ^^	Breath "to" Cavernous sinuses 1 to disperse to receiving structures of the brain	As above
Day 3 ^ = * see below	Fronto-nasal duct "to" Frontal sinus,	As above but for the Vomer's pineal gland ^	As above but for the Clavicles ^^	Frontal sinus & 6 Exit correspondents* & Vomer's pineal gland ^ & the Clavicles ^^,	Vomer's pineal gland ^ **& intake into** the Clavicles ^^	Breath "to" Frontal sinus to disperse to receiving destinations	As above

Note: Maintain alignment of L5/pisiform, McSs2/incus, McSs1/hyoid, MtSs1/patella.

Commentary on the Bladder Muscle and Possible Sensation of Directions of Stretch of Its 3 Fibers

The bladder sits toward the front of the body just above the pelvis (at the pelvic diaphragm) and above the urinary tract with a forward-projected portion. The longitudinal, circular and radial bladder muscle fibers serve, respectively, as the body's manipulating muscles on Day 1, Day 2 and Day 3 of the service of the clavicle as the 3-day bone perhaps with the ultimate purpose of manipulating the ciliary body to fashion the lens.

bladder, longitudinal fibers - sensation of longitudinal stretch from the front neck of the bladder at the top of the urethra forward and up over the apex at the bladder's front reach in the body, then back toward the fundus at the bladder's back reach, with fiber rows progressing laterally around through 24 hours. This same muscle serves for the clavicle, C4, Mc PP2, rib 2 and Mt PP2 as Day 1 bones.

bladder, circular fibers - sensation of circular band stretch, around and up bladder starting in area of end of last longitudinal fiber above posterior neck, band origins progressing back to anterior neck in 24 hrs. This same muscle serves for the clavicle, C4, Mc PP2, rib 2 and Mt PP2 as Day 2 bones.

bladder, radial fibers - sense of stretch from bunched row of fibers originating in area of end of last circular fiber in front neck area, initially with obliquely lateral destination points of stretch, points straightening in 24 hours toward the end of the 1st longitudinal fiber at bladder fundus (to align fovea centralis). This same muscle serves for the clavicle, C4, Mc PP2, rib 2 and Mt PP2 as Day 3 bones.

^ & ^^ : ^ is Part 2's "Inroad Channel" (= Center of Gravity) & ^^ is the "Resulting Structure" (= Day's "Bone")

*Exit correspondents associated with Day 1, Day 2 & Day 3 structures are shown below					** Exits
8:52a - 11:16a | Eye part 1 | Bone Marrow	Kidney	RLS 1, p.1	RLS 4, p.1	LLS7/8,p.1	Urethra
11:16a - 4:04p | Eye part 2 | Carotid Artery	Gallbladder	part 2	part 2	part 2	Armpits
4:04p - 12:52a | Eye part 3 | Pineal Gland	Duodenum	part 3	part 3	part 3	Nipples
12:52a - 7:16a | Eye part 4 | Cerebellum 1	Liver	part 4	part 4	part 4	Anus
7:16a - 8:04a | Eye part 5 | Cerebrum 4	Lat.Vent., R.F.	part 5	part 5	part 5	Eye
8:04a - 8:52a | Eye part 6 | Cranial nerve II	Nerve C8	part 6	part 6	part 6	Vagina

***** That which is formed is that which is needed to serve in altering organism structures to allow the organism to continually change to accord itself to its constantly altering universe.**

8:52 a.m. 7/2/1939 HUMAN as Bob or Pendulum from Crista Galli as Hook or Pivot for 6/15 - 6/17/2014

DAY 1 BOB HOOK COMPLEX is ETHMOID/Sphenoid BONE with breath through Nasolacrimal Duct (N.D.) & Superior Lacrimal Canaliculus to activate the Straight/Occipital Sinus thereby arranging the STRAIGHT GYRUS to align POSTERIOR SEMICIRCULAR DUCT AMPULLA to form Lens, "muscles" are the upper, medial quadrant 3-member set (13-15) of 3 equatorial zonular fibers per set.

DAY 2 BOB-A is INFERIOR NASAL CONCHA/Scapula Bone with 2nd component of breath through N.D. & Inferior Lacrimal Canaliculus to activate Cavernous Sinus 2 thereby arranging OCULOMOTOR NERVE (C.N. III) to continue proper gyrus function, muscles are the dilator, sphincter and orbitalis of the eye.

DAY 3 BOB HOOK COMPLEX AID (BOB-A) is Inferior Nasal Concha/SCAPULA BONE with 3rd component of breath through Eustacean Tube to activate Mastoid Cells thereby arranging SPINAL NERVE 5 (T1 Spinal Nerve) to continue proper gyrus function, muscles are as shown.

In order for the above described Bob Hook Complex to approach optimal function, there can be no misalignment of its associated bone, muscle and organ structures. In the lower set of boxed columns, preceded in the upper set by the enabling breath tracts, and aligned to the 6 spectral energy time intervals in 24 hours at left, are the 6 spectral energy associated structures as correlated with each numbered bone further below in the dated boxes. The 3 dated boxes then show the associated bone scaffold for the Scapula with the muscles for each bone of the scaffold changing through the 3 dates to provide on-going bone adjustment.

TIME INTERVALS corresponding to the 6 periods in 24 hours in which energy need evolved from possible available ranges of spectral energy from radio to gamma rays:	1 Breath thru nasolacrimal duct into inferior lacrimal canaliculus to activate cavernous sinus 2 & Eye Apparatus:	2 Breath through Eustacean tube to activate mastoid cells and the	3 Breath through Eustacean tube to activate posterior semicircular duct ampulla and the	4 Breath through inferior nasal meatus & incisive canal to activate LLS 1+2:	5 Breath through middle nasal meatus & incisive canal to activate LLS 5:	6 Breath through superior nasal meatus & incisive canal to activate RLS 8:	EXIT ROUTES for unincorporated wave lengths of spectral energy:
8:52am-11:16am >	Part 1 <lymph>	Thoracic Duct	Kidney	Part 1	Part 1	Part 1	urethra
11:16am-4:04pm >	Part 2 <blood>	Parathyroids	Gallbladder	Part 2	Part 2	Part 2	armpits
4:04pm-12:52am >	Part 3<hormone>	Thyroid Gland	Duodenum	Part 3	Part 3	Part 3	nipples
12:52am-7:16am >	Part 4 <DNA>	Cerebellum 2	Liver	Part 4	Part 4	Part 4	anus
7:16am-8:04am >	Part 5 <RNA>	Cerebrum 5	Lat.Vent., L.F.	Part 5	Part 5	Part 5	eye
8:04am-8:52am >	Part 6 <protein>	Cranial Nerve III	Nerve T1	Part 6	Part 6	Part 6	vagina

6/15/2014 DAY 1 BOB HOOK COMPLEX above is altered in connection with Bob Center, Upper Wisdom Tooth (by way of Sphenoid Sinus), through aegis of the Straight Gyrus.

Associated bones/muscles are (1) Inferior Nasal Concha - eye's dilator muscle
(2) Scapula - platysma

(3) S5
thyroepiglottic

(4) Mc MP5
deltoid, back part

(5) T3
rotatores brevis

(6) Mt MP5
inferior gemellus

6/16/2014 Day 2 Bob-A below is altered in connection with Bob Center, Vomer Bone's overseen Series of Soft Tissue Structure (by way of Sphenoid Sinus), in conjunction with Cranial Nerve III (Oculomotor).

DAY 2 BOB-A > (1) INFERIOR NASAL CONCHA - eye's sphincter muscle
Associated bones/muscles are (2) Scapula - hair follicle muscles

(3) S5
inferior oblique of eye

(4) Mc MP5
deltoid, middle part

(5) T3
multifidi

(6) Mt MP5
obturator externus

6/17/2014 Day 3 Bob Hook Complex Aid (Bob-A) below is altered in connection with Bob Center,

(1) Inferior Nasal Concha - eye's orbitalis muscle **Optic Nerve.**

DAY 3 BOB-A > (2) SCAPULA - temporoparietalis

(3) S5
aryepiglottic

(4) Mc MP5
deltoid, 2nd front part

(5) T3
rotatores longus

(6) Mt MP5
superior gemellus

PROCESS FOR ALTERING STRUCTURES
with the following occurances proposed as associated with progress toward optimal functioning

Read boxes from left to right	**Inhalation along given tracts "to" given structures,**	**Likely causes (1) eye tracts to receive spectral energy (with surrogate aid from 6 Exit correspondents*) & intake into**	**And (2) pressure (for alteration) on**	**Exhalation with no collapse of breath tract & structures,**	**Causes (1) pressure (for alteration) on**	**And (2)**	**And (3)**
Day 1 ^ = * see page bottom for each	Superior lacrimal canaliculi "to" Straight/ occipital sinuses**,**	Upper wisdom teeth ^	Straight gyri ^^**;**	Sup. lac. can. & Straight/ occipital sinuses & 6 Exit correspondents* & Upper wisdom teeth ^ & Straight gyri ^^**,**	Upper wisdom teeth ^ **And intake into** Straight gyri ^^	Breath "to" Straight/ occipital sinuses to disperse to receiving structures of the brain to serve during inhalation	Exhalation pressure brought to bear on 6 Exit correspondents* to precipitate that which*** will serve possible surrogate, specifically needed spectral energy roles during inhalation**;** unused "spectral energy" pressure of the breath cycle disperses to Exits**.
Day 2 ^ = * see below for each	Inferior lacrimal canaliculi "to" Cavernous sinuses 2**,** (+ CN III - Oculomotor)	As above but for the Bone marrow, carotid arteries, pineal gland + 3 others ^	As above but for the Inferior nasal conchas ^^**;**	Inf. lac. can. & Cavernous sinuses 2 & 6 Exit correspondents* & Bone marrow, etc.^ & Inferior nasal conchas ^^**,**	Bone marrow, carotid arteries, pineal gl. etc.^ (+ CN III) **& intake into** Inferior nasal conchas ^^	Breath "to" Cavernous sinuses 2 to disperse to receiving structures of the brain	As above
Day 3 ^ = * see below	Eustacean tubes "to" Mastoid cells**,**	As above but for the Optic nerve ^	As above but for the Scapulas ^^	Mastoid cells & 6 Exit correspondents* & Optic nerve ^ & Scapulas ^^	Optic nerve ^ & **intake into** Scapulas ^^	Breath "to" Mastoid cells to disperse to receiving destinations	As above

Note: Maintain alignment of L5**/**pisiform, McSs2**/**incus, McSs1**/**hyoid, MtSs1**/**patella.

~ = line continuance in this section **Direction** of **Stretch** for **Muscles** on **Front** of **Page**

platysma - down from mouth corner & chin over neck & clavicle spreading to front of shoulder & upper ribs
thyroepiglottic - back & up from inside front of thyroid cartilage to epiglottis joining upper part of aryepiglottic
deltoid, back part - downward from backmost part of spine of scapula to just above mid-lateral humerus
rotatores brevis - up from articular/transverse/mamillary vertebral processes to vertebral spine base above
inferior gemellus - out from upper, outer ischial tuberosity rim to greater trochanter's inner central surface

hair follicle muscles - short stretch in from skin as perhaps radiating in bands from armpits to side of head ~
inferior oblique of eye - from eyeball's lateral side coursing under eyeball to medial bottom wall of eye socket
deltoid, middle part - from just above mid-lateral humerus upward to scapula's medial spine/acromion
multifidi - from spinous processes all along the spine downward to lower more lateral vertebral processes
obturator externus - from back inner part of greater trochanter to inf. pubis/ischium rami's front upper rims

temporoparietalis - upward from above ear to skin along the side of head ~swinging around & down through body in 24 hours
aryepiglottic - upward from apex of arytenoid cartilage to along side of epiglottis
deltoid, 2nd front part - down from scapula's acromion (& lateral clavicle) to just above mid-lateral humerus
rotatores longus - upward from thoracic vertebral transverse processes to vertebral spine two above
superior gemellus - outward from ischial spine to greater trochanter's inner central surface

^ & ^^ **:** ^ is Part 2's "Inroad Channel" (= Center of Gravity) & ^^ is the "Resulting Structure" (= Day's "Bone")

***Exit correspondents associated with Day 1, Day 2 & Day 3 structures are shown below**						**** Exits**
8:52a - 11:16a **|** Eye part 1 **|**	Thoracic duct	Kidney	LLS 1+2, p.1	LLS 5, p.1	RLS 8, p.1	Urethra
11:16a - 4:04p **|** Eye part 2 **|**	Parathyroids	Gallbladder	part 2	part 2	part 2	Armpits
4:04p - 12:52a **|** Eye part 3 **|**	Thyroid gland	Duodenum	part 3	part 3	part 3	Nipples
12:52a - 7:16a **|** Eye part 4 **|**	Cerebellum 2	Liver	part 4	part 4	part 4	Anus
7:16a - 8:04a **|** Eye part 5 **|**	Cerebrum 5	Lat.Vent.,L.F.	part 5	part 5	part 5	Eye
8:04a - 8:52a **|** Eye part 6 **|**	Cranial nerve III	Nerve T1	part 6	part 6	part 6	Vagina

***** That which is formed is that which is needed to serve in altering organism structures to allow the organism to continually change to accord itself to its constantly altering universe.**

8:52 a.m. 7/2/1939 HUMAN as Bob or Pendulum from Crista Galli as Hook or Pivot for 6/18 - 6/20/2014

DAY 1 BOB HOOK COMPLEX is Ethmoid/SPHENOID BONE with breath through Nasolacrimal Duct (N.D.) & Superior Lacrimal Canaliculus to activate the Straight/Occipital Sinus thereby arranging the SUBCALLOSAL GYRUS to align POSTERIOR SEMICIRCULAR DUCT AMPULLA to form Lens, "muscles" are the upper, medial quadrant 3-member set (16-18) of 3 equatorial zonular fibers per set.

DAY 2 BOB-A is MIDDLE NASAL CONCHA/Humerus Bone with 2nd component of breath through N.D. & Inferior Lacrimal Canaliculus to activate Cavernous Sinus 2 thereby arranging TROCHLEAR NERVE (C.N. IV) to continue proper gyrus function, muscles are the dilator, sphincter and orbitalis of the eye.

DAY 3 BOB HOOK COMPLEX AID (BOB-A) is Middle Nasal Concha/HUMERUS BONE with 3rd component of breath through Eustacean Tube to activate Mastoid Cells thereby arranging SPINAL NERVE 6 (T2 Spinal Nerve) to continue proper gyrus function, muscles are as shown.

In order for the above described Bob Hook Complex to approach optimal function, there can be no misalignment of its associated bone, muscle and organ structures. In the lower set of boxed columns, preceded in the upper set by the enabling breath tracts, and aligned to the 6 spectral energy time intervals in 24 hours at left, are the 6 spectral energy associated structures as correlated with each numbered bone further below in the dated boxes. The 3 dated boxes then show the associated bone scaffold for the Humerus with the muscles for each bone of the scaffold changing through the 3 dates to provide on-going bone adjustment.

TIME INTERVALS corresponding to the 6 periods in 24 hours in which energy need evolved from possible available ranges of spectral energy from radio to gamma rays:	1 Breath thru nasolacrimal duct into inferior lacrimal canaliculus to activate cavernous sinus 2 & Eye Apparatus:	2 Breath through Eustacean tube to activate mastoid cells and the	3 Breath through Eustacean tube to activate posterior semicircular duct ampulla and the	4 Breath through inferior nasal meatus & incisive canal to activate LLS 1+2:	5 Breath through middle nasal meatus & incisive canal to activate LLS 5:	6 Breath through superior nasal meatus & incisive canal to activate RLS 8:	EXIT ROUTES for unincorporated wave lengths of spectral energy:
8:52am-11:16am >	Part 1 <lymph>	Thoracic Duct	Kidney	Part 1	Part 1	Part 1	urethra
11:16am-4:04pm >	Part 2 <blood>	Parathyroids	Gallbladder	Part 2	Part 2	Part 2	armpits
4:04pm-12:52am >	Part 3<hormone>	Thyroid Gland	Duodenum	Part 3	Part 3	Part 3	nipples
12:52am-7:16am >	Part 4 <DNA>	Cerebellum 2	Liver	Part 4	Part 4	Part 4	anus
7:16am-8:04am >	Part 5 <RNA>	Cerebrum 6	Lat.Vent., L.F.	Part 5	Part 5	Part 5	eye
8:04am-8:52am >	Part 6 <protein>	Cranial Nerve IV	Nerve T2	Part 6	Part 6	Part 6	vagina

6/18/2014 DAY 1 BOB HOOK COMPLEX above is altered in connection with Bob Center, Lower Wisdom Tooth (by way of Sphenoid Sinus), through aegis of the Subcallosal Gyrus.

Associated bones/muscles are (1) Middle Nasal Concha - eye's dilator muscle
(2) Humerus - levator costae brevis

(3) S4
oblique arytenoid

(4) Mc MP2
flexor carpi radialis

(5) Rib 3
intertransversarii, cervical posterior & anterior

(6) Mt MP2
(ishio)coccygeus

6/19/2014 Day 2 Bob Hook Complex Aid (Bob-A) below is altered in connection with Bob Center, C6 (by way of Sphenoid Sinus), in conjunction with Cranial Nerve IV (Trochlear).

DAY 2 BOB-A > (1) MIDDLE NASAL CONCHA - eye's sphincter muscle
Associated bones/muscles are (2) Humerus - circulatory system muscles

(3) S4
accessory muscle bundle

(4) Mc MP2
palmaris longus

(5) Rib 3
intertransversarii, thoracis & lumber medial

(6) Mt MP2
obturator internus

6/20/2014 Day 3 Bob-A below is altered in connection with Bob Center, Inferior Nasal Concha's Thoracic Duct.

(1) Middle Nasal Concha - eye's orbitalis muscle
DAY 3 BOB-A > (2) HUMERUS - levator costae longus

(3) S4
transverse arytenoid

(4) Mc MP2
flexor carpi ulnaris

(5) Rib 3
intertransversarii, lumbar lateral

(6) Mt MP2
piriformis

PROCESS FOR ALTERING STRUCTURES
with the following occurances proposed as associated with progress toward optimal functioning

Read boxes from left to right	**Inhalation along given tracts "to" given structures,**	**Likely causes (1) eye tracts to receive spectral energy (with surrogate aid from 6 Exit correspondents*) & intake into**	**And (2) pressure (for alteration) on**	**Exhalation with no collapse of breath tract & structures,**	**Causes (1) pressure (for alteration) on**	**And (2)**	**And (3)**
Day 1 ^ = * see page bottom for each	Superior lacrimal canaliculi "to" Straight/ occipital sinuses,	Lower wisdom teeth ^	Sub-callosal gyri ^^; & Lower wisdom teeth ^ & Subcallosal gyri ^^,	Sup. lac. can. & Straight/ occipital sinuses & 6 Exit correspondents* &	Lower wisdom teeth ^ **And intake into** Subcallosal gyri ^^	Breath "to" Straight/ occipital sinuses to disperse to receiving structures of the brain to serve during inhalation	Exhalation pressure brought to bear on 6 Exit correspondents* to precipitate that which*** will serve possible surrogate, specifically needed spectral energy roles during inhalation; unused "spectral energy" pressure of the breath cycle disperses to Exits**.
Day 2 ^ = * see below for each	Inferior lacrimal canaliculi "to" Cavernous sinuses 2,	As above but for C6 ^ (+ CN IV, i.e. Cranial nerve IV, Trochlear)	As above but for the Middle nasal conchas ^^;	Inf. lac. can. & Cavernous sinuses 2 & 6 Exit correspondents* & C6 ^ (+ CN IV) & Middle nasal conchas^^,	C6 ^ (+ CN IV) **And intake into** Middle nasal conchas ^^	Breath "to" Cavernous sinuses 2 to disperse to receiving structures of the brain	As above
Day 3 ^ = * see below	Eustacean tubes "to" Mastoid cells,	As above but for the Inferior nasal conchas' thoracic duct ^ & the Humeri ^^,	As above but for the Humeri ^^;	Mastoid cells & 6 Exit correspondents* & Inferior nasal	Inferior nasal conchas' thoracic duct ^ & **intake into** the Humeri ^^	Breath "to" Mastoid cells to disperse to receiving destinations	As above

Note: Maintain alignment of L5**/**pisiform, McSs2**/**incus, McSs1**/**hyoid, MtSs1**/**patella.

Direction of **Stretch** for **Muscles** on **Front** of **Page**

levator costae brevis - up from rib below (closer-in position than longus) to next higher transverse process
oblique arytenoid - up from base of arytenoid cartilage to apex of opposite arytenoid cartilage
flexor carpi radialis - down from humerus's medial epicondyle to anterior Mc 2 base
intertransversarii, cervical post. & ant. - from post./ant. cervical transverse process tubercles to ones above
(ishio)coccygeus - up from ischial spine & sacrospinous ligament to border of lower sacrum & coccyx

circulatory system muscles - sense of circular band stretch in blood vessels in 24-hour progress down body
accessory muscle bundle - from temporal bone by occipital juncture down/in to outer pharyngobasilar fascia
palmaris longus - from area over anterior bases of Mc 3 & Mc 4 to humerus's medial epicondyle
intertransversarii, thoracis & lumbar medial - from accessory process above to mamillary process below
obturator internus - from greater trochanter's top edge to out from posterior bone around obturator foramen

levator costae longus - up from rib below (farther-out position than brevis) to 2nd higher transverse process
transverse arytenoid - from arytenoid cartilage straight across to opposite cartilage
flexor carpi ulnaris - down from humerus's medial epicondyle & ulna to ant. Mc 5 base, hamate & pisiform
intertransversarii, lumbar lateral - upward from lumbar transverse process to one above
piriformis - from anterior sacrum and sacrotuberous ligament to fossa surface & top of greater trochanter

^ & ^^ **:** ^ is Part 2's "Inroad Channel" (= Center of Gravity) & ^^ is the "Resulting Structure" (= Day's "Bone")

***Exit correspondents associated with Day 1, Day 2 & Day 3 structures are shown below**						**** Exits**
8:52a - 11:16a **|** Eye part 1 **|**	Thoracic duct	Kidney	LLS 1+2, p.1	LLS 5, p.1	RLS 8, p.1	Urethra
11:16a - 4:04p **|** Eye part 2 **|**	Parathyroids	Gallbladder	part 2	part 2	part 2	Armpits
4:04p - 12:52a **|** Eye part 3 **|**	Thyroid gland	Duodenum	part 3	part 3	part 3	Nipples
12:52a - 7:16a **|** Eye part 4 **|**	Cerebellum 2	Liver	part 4	part 4	part 4	Anus
7:16a - 8:04a **|** Eye part 5 **|**	Cerebrum 6	Lat.Vent.,L.F.	part 5	part 5	part 5	Eye
8:04a - 8:52a **|** Eye part 6 **|**	Cranial nerve IV	Nerve T2	part 6	part 6	part 6	Vagina

***** That which is formed is that which is needed to serve in altering organism structures to allow the organism to continually change to accord itself to its constantly altering universe.**

8:52 a.m. 7/2/1939 HUMAN as Bob or Pendulum from Crista Galli as Hook or Pivot for 6/21 - 6/23/2014

DAY 1 BOB HOOK COMPLEX is ETHMOID/Sphenoid BONE with breath through Nasolacrimal Duct (N.D.) & Superior Lacrimal Canaliculus to activate the Straight/Occipital Sinus thereby arranging the CINGULATE GYRUS to align LATERAL SEMICIRCULAR DUCT AMPULLA to form Lens, "muscles" are the superior-most 3-member set (19-21) of 3 equatorial zonular fibers per set.

DAY 2 BOB-A is INFERIOR NASAL CONCHA/Radius Bone with 2nd component of breath through N.D. & Inferior Lacrimal Canaliculus to activate Cavernous Sinus 2 thereby arranging OCULOMOTOR NERVE (C.N. III) to continue proper gyrus function, muscles are the dilator, sphincter and orbitalis of the eye.

DAY 3 BOB HOOK COMPLEX AID (BOB-A) is Inferior Nasal Concha/RADIUS BONE with 3rd component of breath through Eustacean Tube to activate Mastoid Cells thereby arranging SPINAL NERVE 7 (T3 Spinal Nerve) to continue proper gyrus function, muscles are as shown.

In order for the above described Bob Hook Complex to approach optimal function, there can be no misalignment of its associated bone, muscle and organ structures. In the lower set of boxed columns, preceded in the upper set by the enabling breath tracts, and aligned to the 6 spectral energy time intervals in 24 hours at left, are the 6 spectral energy associated structures as correlated with each numbered bone further below in the dated boxes. The 3 dated boxes then show the associated bone scaffold for the Radius with the muscles for each bone of the scaffold changing through the 3 dates to provide on-going bone adjustment.

TIME INTERVALS corresponding to the 6 periods in 24 hours in which energy need evolved from possible available ranges of spectral energy from radio to gamma rays:	1 Breath thru nasolacrimal duct into inferior lacrimal canaliculus to activate cavernous sinus 2 & Eye Apparatus:	2 Breath through Eustacean tube to activate mastoid cells and the	3 Breath through Eustacean tube to activate posterior semicircular duct ampulla and the	4 Breath through inferior nasal meatus & incisive canal to activate LLS 1+2:	5 Breath through middle nasal meatus & incisive canal to activate LLS 5:	6 Breath through superior nasal meatus & incisive canal to activate RLS 8:	EXIT ROUTES for unincorporated wave lengths of spectral energy:
8:52am-11:16am >	Part 1 <lymph>	Thoracic Duct	Kidney	Part 1	Part 1	Part 1	urethra
11:16am-4:04pm >	Part 2 <blood>	Parathyroids	Gallbladder	Part 2	Part 2	Part 2	armpits
4:04pm-12:52am >	Part 3<hormone>	Thyroid Gland	Duodenum	Part 3	Part 3	Part 3	nipples
12:52am-7:16am >	Part 4 <DNA>	Cerebellum 2	Liver	Part 4	Part 4	Part 4	anus
7:16am-8:04am >	Part 5 <RNA>	Cerebrum 7	Lat.Vent., L.F.	Part 5	Part 5	Part 5	eye
8:04am-8:52am >	Part 6 <protein>	Cranial Nerve III	Nerve T3	Part 6	Part 6	Part 6	vagina

6/21/2014 DAY 1 BOB HOOK COMPLEX above is altered in connection with Bob Center, Upper 2nd Molar (by way of Tympanic Cells) through aegis of the Cingulate Gyrus.

Associated bones/muscles are (1) Inferior Nasal Concha - eye's dilator muscle
(2) Radius - heart, anterior papillary

(3) S3
lateral cricoarytenoid

(4) Mc DP5
extensor carpi radialis brevis

(5) T4
levator veli palatini

(6) Mt DP5
adductor minimus

6/22/2014 Day 2 Bob-A below is altered in connection with Bob Center, Vomer Bone's overseen Series of Soft Tissue Structure (by way of Sphenoid Sinus), in conjunction with Cranial Nerve III (Oculomotor).

DAY 2 BOB-A > (1) INFERIOR NASAL CONCHA - eye's sphincter muscle
Associated bones/muscles are (2) Radius - heart, septal papillary

(3) S3
superior oblique of eye

(4) Mc DP5
brachioradialis

(5) T4
salpingopharyngeus

(6) Mt DP5
gracilis

6/23/2014 Day 3 Bob Hook Complex Aid (Bob-A) below is altered in connection with Bob Center,

DAY 3 BOB-A > (1) Inferior Nasal Concha - eye's orbitalis muscle
(2) RADIUS - heart, posterior papillary

Inferior Nasal Concha's Parathyroids.

(3) S3
posterior cricoarytenoid

(4) Mc DP5
extensor carpi radialis longus

(5) T4
tensor veli palatini

(6) Mt DP5
adductor magnus

PROCESS FOR ALTERING STRUCTURES
with the following occurances proposed as associated with progress toward optimal functioning

Read boxes from left to right	**Inhalation along given tracts "to" given structures,**	**Likely causes (1) eye tracts to receive spectral energy (with surrogate aid from 6 Exit correspondents*) & intake into**	**And (2) pressure (for alteration) on**	**Exhalation with no collapse of breath tract & structures,**	**Causes (1) pressure (for alteration) on**	**And (2)**	**And (3)**
Day 1 ^ = * see page bottom for each	Superior lacrimal canaliculi "to" Straight/ occipital sinuses,	Upper 2nd molars ^	Cingulate gyri ^^;	Sup.lac.can. & Straight/occipital sinuses & 6 Exit correspondents* & Upper 2nd molars ^ & Cingulate gyri ^^,	Upper 2nd molars ^ **And intake into** Cingulate gyri ^^	Breath "to" Straight/ occipital sinuses to disperse to receiving structures of the brain to serve during inhalation	Exhalation pressure brought to bear on 6 Exit correspondents* to precipitate that which*** will serve possible surrogate, specifically needed spectral energy roles during inhalation; unused "spectral energy" pressure of the breath cycle disperses to Exits**.
Day 2 ^ = * see below for each	Inferior lacrimal canaliculi "to" Cavernous sinuses 2, (+ CN III - Oculomotor)	As above but for the Bone marrow, carotid arteries, pineal gland + 3 others ^	As above but for the Inferior nasal conchas ^^;	Inf. lac. can. & Cavernous sinuses 2 & 6 Exit correspondents* & Bone marrow, etc.^ & Inferior nasal conchas ^^,	Bone marrow, carotid arteries, pineal gl. etc.^ (+ CN III) **& intake into** Inferior nasal conchas ^^	Breath "to" Cavernous sinuses 2 to disperse to receiving structures of the brain	As above
Day 3 ^ = * see below	Eustacean tubes "to" Mastoid cells,	As above but for the Inferior nasal conchas' parathyroids ^ conchas' parathyroids^ &	As above but for the Radiuses^^;	Mastoid cells & 6 Exit correspondents* & Inferior nasal Radiuses^^,	Inferior nasal conchas' parathyroids ^ & **intake into** Radiuses ^^	Breath "to" Mastoid cells to disperse to receiving destinations	As above

Note: Maintain alignment of L5**/**pisiform, McSs2**/**incus, McSs1**/**hyoid, MtSs1**/**patella.

v / **^** = down / up arrows **Direction** of **Stretch** for **Muscles** on **Front** of **Page**

heart, anterior papillary - from anterior mitral or tricuspid valves' cusps toward anterior pectinate muscle
lateral cricoarytenoid - backward from along top of cricoid cartilage to outer base of arytenoid cartilage
extensor carpi radialis brevis - from outer bottom of humerus's lateral epicondyle to posterior base of Mc 3
levator veli palatini - down from temporal bone & auditory tube to meet same to form rearward soft palate
adductor minimus - upper part of adductor magnus described below

heart, septal papillary - from central/upper posterior wall of heart toward septal pectinate muscle
superior oblique of eye - from upper lateral eyeball to inside wall's trochlea on to common tendinous ring **v**
brachioradialis - from lowest outside of radius to lower midsection of lateral humerus around optic nerve
salpingopharyngeus - from lateral wall of pharynx at teeth level up to end of auditory tube cartilage
gracilis - from anterior medial tibia for brief length below medial condyle up to body & inferior ramus of pubis

heart, posterior papillary - from posterior mitral or tricuspid valves' cusps toward posterior pectinate muscle
posterior cricoarytenoid- up from along back midline of cricoid cartilage to outer base of arytenoid cartilage
extensor carpi radialis longus - downward from lower lateral humerus to posterior base of Mc 2 palate
tensor veli palatini - down from sphenoid bone & auditory tube & around hamulus to form forward part soft **^**
adductor magnus - from lower ishium/pubis to along middle posterior femur & medial epicondyle

^ & ^^ **:** ^ is Part 2's "Inroad Channel" (= Center of Gravity) & ^^ is the "Resulting Structure" (= Day's "Bone")

***Exit correspondents associated with Day 1, Day 2 & Day 3 structures are shown below**						**** Exits**
8:52a - 11:16a **|** Eye part 1 **|**	Thoracic duct	Kidney	LLS 1+2, p.1	LLS 5, p.1	RLS 8, p.1	Urethra
11:16a - 4:04p **|** Eye part 2 **|**	Parathyroids	Gallbladder	part 2	part 2	part 2	Armpits
4:04p - 12:52a **|** Eye part 3 **|**	Thyroid gland	Duodenum	part 3	part 3	part 3	Nipples
12:52a - 7:16a **|** Eye part 4 **|**	Cerebellum 2	Liver	part 4	part 4	part 4	Anus
7:16a - 8:04a **|** Eye part 5 **|**	Cerebrum 7	Lat.Vent.,L.F.	part 5	part 5	part 5	Eye
8:04a - 8:52a **|** Eye part 6 **|**	Cranial nerve III	Nerve T3	part 6	part 6	part 6	Vagina

***** That which is formed is that which is needed to serve in altering organism structures to allow the organism to continually change to accord itself to its constantly altering universe.**

8:52 a.m. 7/2/1939 HUMAN as Bob or Pendulum from Crista Galli as Hook or Pivot for 6/24 - 6/26/2014

DAY 1 BOB HOOK COMPLEX is Ethmoid/SPHENOID BONE with breath through Nasolacrimal Duct (N.D.) & Superior Lacrimal Canaliculus to activate the Straight/Occipital Sinus thereby arranging the LINGUAL GYRUS to align LATERAL SEMICIRCULAR DUCT AMPULLA to form Lens,
"muscles" are the upper, lateral quadrant 3-member set (22-24) of 3 equatorial zonular fibers per set.

DAY 2 BOB-A is MIDDLE NASAL CONCHA/Ulna Bone with 2nd component of breath through N.D. & Inferior Lacrimal Canaliculus to activate Cavernous Sinus 2 thereby arranging TROCHLEAR NERVE (C.N. IV) to continue proper gyrus function, muscles are the dilator, sphincter and orbitalis of the eye.

DAY 3 BOB HOOK COMPLEX AID (BOB-A) is Middle Nasal Concha/ULNA BONE with 3rd component of breath through Eustacean Tube to activate Mastoid Cells thereby arranging SPINAL NERVE 8 (T4 Spinal Nerve) to continue proper gyrus function, muscles are as shown.

In order for the above described Bob Hook Complex to approach optimal function, there can be no misalignment of its associated bone, muscle and organ structures. In the lower set of boxed columns, preceded in the upper set by the enabling breath tracts, and aligned to the 6 spectral energy time intervals in 24 hours at left, are the 6 spectral energy associated structures as correlated with each numbered bone further below in the dated boxes. The 3 dated boxes then show the associated bone scaffold for the Ulna with the muscles for each bone of the scaffold changing through the 3 dates to provide on-going bone adjustment.

TIME INTERVALS corresponding to the 6 periods in 24 hours in which energy need evolved from possible available ranges of spectral energy from radio to gamma rays:	1 Breath thru nasolacrimal duct into inferior lacrimal canaliculus to activate cavernous sinus 2 & Eye Apparatus:	2 Breath through Eustacean tube to activate mastoid cells and the	3 Breath through Eustacean tube to activate posterior semicircular duct ampulla and the	4 Breath through inferior nasal meatus & incisive canal to activate LLS 1+2:	5 Breath through middle nasal meatus & incisive canal to activate LLS 5:	6 Breath through superior nasal meatus & incisive canal to activate RLS 8:	EXIT ROUTES for unincorporated wave lengths of spectral energy:
8:52am-11:16am >	Part 1 <lymph>	Thoracic Duct	Kidney	Part 1	Part 1	Part 1	urethra
11:16am-4:04pm >	Part 2 <blood>	Parathyroids	Gallbladder	Part 2	Part 2	Part 2	armpits
4:04pm-12:52am >	Part 3<hormone>	Thyroid Gland	Duodenum	Part 3	Part 3	Part 3	nipples
12:52am-7:16am >	Part 4 <DNA>	Cerebellum 2	Liver	Part 4	Part 4	Part 4	anus
7:16am-8:04am >	Part 5 <RNA>	Cerebrum 8	Lat.Vent., L.F.	Part 5	Part 5	Part 5	eye
8:04am-8:52am >	Part 6 <protein>	Cranial Nerve IV	Nerve T4	Part 6	Part 6	Part 6	vagina

6/24/2014 DAY 1 BOB HOOK COMPLEX above is altered in connection with Bob Center, Lower 2nd Molar (by way of Tympanic Cells), through aegis of the Lingual Gyrus.

Associated bones/muscles are (1) Middle Nasal Concha - eye's dilator muscle
(2) Ulna - heart, anterior pectinate

(3) C5
vocalis

(4) Mc DP2
extensor pollicis brevis

(5) Rib 4
tensor tympani

(6) Mt DP2
soleus, inner part

6/25/2014 Day 2 Bob Hook Complex Aid (Bob-A) below is altered in connection with Bob Center, C6 (by way of Sphenoid Sinus), in conjunction with Cranial Nerve IV (Trochlear).

DAY 2 BOB-A > (1) MIDDLE NASAL CONCHA - eye's sphincter muscle
Associated bones/muscles are (2) Ulna - heart, septal pectinate

(3) C5
oblique thyroarytenoid

(4) Mc DP2
extensor indicis

(5) Rib 4
uvula

(6) Mt DP2
popliteus

6/26/2014 Day 3 Bob-A below is altered in connection with Bob Center, Inferior Nasal Concha's Thyroid Gland.

(1) Middle Nasal Concha - eye's orbitalis muscle
DAY 3 BOB-A > (2) ULNA - heart, posterior pectinate

(3) C5
thyroarytenoid

(4) Mc DP2
extensor pollicis longus

(5) Rib 4
stapedius

(6) Mt DP2
soleus, outer part

PROCESS FOR ALTERING STRUCTURES
with the following occurances proposed as associated with progress toward optimal functioning

Read boxes from left to right	**Inhalation along given tracts "to" given structures,**	**Likely causes (1) eye tracts to receive spectral energy (with surrogate aid from 6 Exit correspondents*) & intake into**	**And (2) pressure (for alteration) on**	**Exhalation with no collapse of breath tract & structures,**	**Causes (1) pressure (for alteration) on**	**And (2)**	**And (3)**
Day 1 ^ = * see page bottom for each	Superior lacrimal canaliculi "to" Straight/ occipital sinuses,	Lower 2nd molars ^	Lingual gyri ^^;	Sup.lac.can. & Straight/occipital sinuses & 6 Exit correspondents* & Lower 2nd molars ^ & Lingual gyri ^^,	Lower 2nd molars ^ **And intake into** Lingual gyri ^^	Breath "to" Straight/ occipital sinuses to disperse to receiving structures of the brain to serve during inhalation	Exhalation pressure brought to bear on 6 Exit correspondents* to precipitate that which*** will serve possible surrogate, specifically needed spectral energy roles during inhalation; unused "spectral energy" pressure of the breath cycle disperses to Exits**.
Day 2 ^ = * see below for each	Inferior lacrimal canaliculi "to" Cavernous sinuses 2,	As above but for C6 ^ (+ CN IV, i.e. Cranial nerve IV, Trochlear)	As above but for the Middle nasal conchas^^;	Inf. lac. can. & Cavernous sinuses 2 & 6 Exit correspondents* & C6 ^ (+ CN IV) & Middle nasal conchas^^,	C6 ^ (+ CN IV) **And intake into** Middle nasal conchas ^^	Breath "to" Cavernous sinuses 2 to disperse to receiving structures of the brain	As above
Day 3 ^ = * see below	Eustacean tubes "to" Mastoid cells,	As above but for the Inferior nasal conchas' thyroid gland ^	As above but for the Ulnas ^^;	Mastoid cells & 6 Exit correspondents* & Inferior nasal conchas' thyroid gland ^ & the Ulnas ^^,	Inferior nasal conchas' thyroid gland ^ & **intake into** the Ulnas ^^	Breath "to" Mastoid cells to disperse to receiving destinations	As above

Note: Maintain alignment of L5**/**pisiform, McSs2**/**incus, McSs1**/**hyoid, MtSs1**/**patella.

^ = up arrow **Direction** of **Stretch** for **Muscles** on **Front** of **Page**

heart, anterior pectinate - from anterior papillary muscle to anterior medial wall of heart
vocalis - from front medial inner wall of thyroid cartilage toward vocal process of arytenoid cartilage
extensor pollicis brevis - from lower posterior interosseous membrane & radius to posterior base of Mc PP1
tensor tympani - from above & parallel to Eustacean tube into tendon dropping to manubrium of malleus
soleus, inner - from near posterior lateral tibia top as oblique line down across tibia into Achilles tendon

heart, septal pectinate - from septal papillary muscle to septal mitral or tricuspid valves' cusps | muscle
oblique thyroarytenoid - from arytenoid cartilage outer base curving forward up across outer thyroarytenoid **^**
extensor indicis -from posterior bases of Mc DP2 & MP2 to lower posterior interosseous membrane and ulna
uvula - from the palatine uvula mass of tissue toward the posterior palatine bone | lateral epicondyle
popliteus - from posterior medial upper tibia's down-pointing wedge above the soleal line to femur's **^**

heart, posterior pectinate - from posterior papillary muscle to lower posterior wall of heart
thyroarytenoid - lateral to the vocalis muscle (see above) toward muscular process of the arytenoid cartilage
extensor pollicis longus - from middle posterior ulna & interosseous membrane to posterior base of Mc DP1
stapedius - from pyramidal eminence medial to mastoid process to head of stapes/incus long arm juncture
soleus, outer - from top 1/3 of posterior fibula into calcaneal (Achilles) tendon to top of calcaneal tuberosity

^ & ^^ **:** ^ is Part 2's "Inroad Channel" (= Center of Gravity) & ^^ is the "Resulting Structure" (= Day's "Bone")

***Exit correspondents associated with Day 1, Day 2 & Day 3 structures are shown below**						** Exits
8:52a - 11:16a **|** Eye part 1 **|**	Thoracic duct	Kidney	LLS 1+2, p.1	LLS 5, p.1	RLS 8, p.1	Urethra
11:16a - 4:04p **|** Eye part 2 **|**	Parathyroids	Gallbladder	part 2	part 2	part 2	Armpits
4:04p - 12:52a **|** Eye part 3 **|**	Thyroid gland	Duodenum	part 3	part 3	part 3	Nipples
12:52a - 7:16a **|** Eye part 4 **|**	Cerebellum 2	Liver	part 4	part 4	part 4	Anus
7:16a - 8:04a **|** Eye part 5 **|**	Cerebrum 8	Lat.Vent.,L.F.	part 5	part 5	part 5	Eye
8:04a - 8:52a **|** Eye part 6 **|**	Cranial nerve IV	Nerve T4	part 6	part 6	part 6	Vagina

***** That which is formed is that which is needed to serve in altering organism structures to allow the organism to continually change to accord itself to its constantly altering universe.**

8:52 a.m. 7/2/1939 HUMAN as Bob or Pendulum from Crista Galli as Hook or Pivot for 6/27 - 6/29/2014

DAY 1 BOB HOOK COMPLEX is ETHMOID/Sphenoid BONE with breath through Nasolacrimal Duct (N.D.) & Superior Lacrimal Canaliculus to activate the Sigmoid/Transverse Sinus thereby arranging the LONG GYRUS to align APPARATUS OF EYE ITSELF to form Lens for spectral energy transmission, "muscles" are the medial-most 3-member set (1-3) of 3 equatorial zonular fibers per set.

DAY 2 BOB-A is SUPERIOR NASAL CONCHA/Xiphoid Process with 2nd component of breath through N.D. & Inferior Lacrimal Canaliculus to activate Cavernous Sinus 1 thereby arranging OLFACTORY NERVE (C.N. I) to continue proper gyrus function, muscles are the dilator, sphincter and orbitalis of the eye.

DAY 3 BOB HOOK COMPLEX AID (BOB-A) is C1/Mc 5 with 3rd component of breath through Eustacean Tube to activate Anterior Semicircular Duct Ampulla thereby arranging SPINAL NERVE 1 (C5 Spinal Nerve) to continue proper gyrus function, muscles are as shown.

In order for the above described Bob Hook Complex to approach optimal function, there can be no mis-alignment of its associated bone, muscle and organ structures. In the lower set of boxed columns below, preceded in the upper set by the enabling breath tracts, and aligned to the 6 spectral energy time intervals in 24 hours at left, are the 6 spectral energy associated structures as correlated with each numbered bone further below in the dated boxes. The 3 dated boxes then show the associated bone scaffold for C1 with the muscles for each bone of the scaffold changing through the 3 dates to provide on-going bone adjustment.

TIME INTERVALS corresponding to the 6 periods in 24 hours in which energy need evolved from possible available ranges of spectral energy from radio to gamma rays:	1 Breath thru nasolacrimal duct into inferior lacrimal canaliculus to activate cavernous sinus 1 & Eye Apparatus:	2 Breath through frontonasal duct to activate frontal sinus and the	3 Breath through Eustacean tube to activate anterior semicircular duct ampulla and the	4 Breath through inferior nasal meatus & incisive canal to activate RLS 1:	5 Breath through middle nasal meatus & incisive canal to activate RLS 4:	6 Breath through superior nasal meatus & incisive canal to activate LLS 7+8:	EXIT ROUTES for unincorporated wave lengths of spectral energy:
8:52am-11:16am >	Part 1 <lymph>	Bone Marrow	Kidney	Part 1	Part 1	Part 1	urethra
11:16am-4:04pm >	Part 2 <blood>	Carotid Artery	Gallbladder	Part 2	Part 2	Part 2	armpits
4:04pm-12:52am >	Part 3<hormone>	Pineal Gland	Duodenum	Part 3	Part 3	Part 3	nipples
12:52am-7:16am >	Part 4 <DNA>	Cerebellum 1	Liver	Part 4	Part 4	Part 4	anus
7:16am-8:04am >	Part 5 <RNA>	Cerebrum 1	Lat.Vent., R.F.	Part 5	Part 5	Part 5	eye
8:04am-8:52am >	Part 6 <protein>	Cranial Nerve I	Nerve C5	Part 6	Part 6	Part 6	vagina

6/27/2014 DAY 1 BOB HOOK COMPLEX above (ETHMOID BONE brought forth in forming cerebrum) was originated, & is altered, in connection with Bob Center, S3 (by way of ingress of outside environment), through aegis of the Long Gyrus.

Associated bones/muscles are (1) Superior Nasal Concha - eye's dilator muscle
(2) Xiphoid Process - ciliaris, longitudinal fibers
(3) C1 ciliaris, longitudinal fibers
(4) Mc 5 ciliaris, longitudinal fibers
(5) T1 ciliaris, longitudinal fibers
(6) Mt 5 ciliaris, longitudinal fibers

6/28/2014 Day 2 Bob-A below is altered in connection with Bob Center, Inferior Nasal Concha's overseen Series of Soft Tissue Structure (by way of Tympanic Cells) in conjunction with Cranial Nerve V (Trigeminal).

DAY 2 BOB-A > (1) SUPERIOR NASAL CONCHA - eye's sphincter muscle
Associated bones/muscles are (2) Xiphoid Process - ciliaris, circular fibers
(3) C1 ciliaris, circular fibers
(4) Mc 5 ciliaris, circular fibers
(5) T1 ciliaris, circular fibers
(6) Mt 5 ciliaris, circular fibers

6/29/2014 Day 3 Bob Hook Complex Aid (Bob-A) below is altered in connection with Bob Center, Lower 2nd Molar.

(1) Superior Nasal Concha - eye's orbitalis muscle
(2) Xiphoid Process - ciliaris, radial fibers
(3) C1 > DAY 3 BOB-A ciliaris, radial fibers
(4) Mc 5 ciliaris, radial fibers
(5) T1 ciliaris, radial fibers
(6) Mt 5 ciliaris, radial fibers

PROCESS FOR ALTERING STRUCTURES (see Text at beginning of Part 5 for elucidation)
with the following occurances proposed as associated with progress toward optimal functioning

Read boxes from left to right	**Inhalation along given tracts "to" given structures,**	**Likely causes (1) eye tracts to receive spectral energy (with surrogate aid from 6 Exit correspondents*) & intake into** S3 ^	**And (2) pressure (for alteration) on**	**Exhalation with no collapse of breath tract & structures,**	**Causes (1) pressure (for alteration) on** S3 ^	**And (2)**	**And (3)**
Day 1 ^ = * see page bottom for each	Superior lacrimal canaliculi "to" Sigmoid/ transverse sinuses,		Ethmoid bone ^^ (+ cerebrum) & Long gyri ^^;	Sup.lac.can. & Sig./trans. sinuses & 6 Exit correspondents* & S3 ^ & Ethmoid bone ^^ (+ cerebrum) & Long gyri ^^,	**And intake into** Ethmoid bone ^^ (+ cerebrum) & Long gyri ^^	Breath "to" Sigmoid / transverse sinuses to disperse to receiving structures of the brain to serve during inhalation	Exhalation pressure brought to bear on 6 Exit correspondents* to precipitate that which*** will serve possible surrogate, specifically needed spectral energy roles during inhalation; unused "spectral energy" pressure of the breath cycle disperses to Exits**.
Day 2 ^ = * see below for each	Inferior lacrimal canaliculi "to" Cavernous sinuses 1, (+ CN V - Trigeminal)	As above but for Thoracic duct, parathyroids, thyroid glands + 3 others ^	As above but for the Superior nasal conchas ^^; Superior nasal conchas^^,	Inf. lac. can. & Cavernous sinuses 1 & 6 Exit correspondents* & Thoracic duct, etc. ^ &	Thoracic duct, parathyroids, thyroid glands + 3 others ^ (+ CN V) **& intake into** Superior nasal conchas^^	Breath "to" Cavernous sinuses 1 to disperse to receiving structures of the brain	As above
Day 3 ^ = * see below	Eustacean tubes "to" Anterior semicircular duct ampullas,	As above but for the Lower 2nd molars ^	As above but for C1 ^^; 2nd molars ^ & C1 ^^,	Ant.semi.duct ampullas & 6 Exit correspondents* & Lower	Lower 2nd molars ^ **And intake into** C1 ^^	Breath "to" A. semi. d. ampullas to disperse to receiving destinations	As above

Note: Maintain alignment of L5**/**pisiform, McSs2**/**incus, McSs1**/**hyoid, MtSs1**/**patella.

Commentary on the Ciliaris Muscle and Possible Sensation of Directions of Stretch of Its 3 Fibers

Of the 3 layers of the eyeball, the middle one contains the choroid sweeping around the back of the eyeball with the ciliary body and iris forming the front of the layer. The ciliary muscle of the ciliary body brings about the change in the shape of the lens of the eye. For bringing a near object into focus a thicker, more convex lens is required. This thicker, more convex lens is formed by pulling forward the ciliary body and the connecting choroid in order to relieve tension on zonular fibers connecting the ciliary body and the lens. The longitudinal, circular and radial fibers of the ciliaris muscle manipulate the ciliary body. It is possible the addition of all subsequent muscles to the body (as well as other structures) serve ultimately to manipulate the ciliary body to shape the lens while attempting always to align the fovea centralis to the hyaloid canal.

Day 1, Day 2 and Day 3 muscles below each serves on its day for the xiphoid process, C1, Mc 5, T1 & Mt 5.

ciliaris, longitudinal fibers - sensation of fibers curving perpendicularly backward through ciliary body from direction of iris toward choroid starting at top front of ciliary-body part of eyeball and progressing in top-to-bottom rows around eyeball in 24 hours, perpendicularly from direction of iris.

ciliaris, circular fibers - sensation of fibers curving through ciliary body parellel to lens in circular bands from bottom of eyeball to top with band origins progressing from back to front along bottom of ciliary body.

ciliaris, radial fibers - sense of most internal fiber/s curving obliquely from area of last reach of circular fiber (at top front of ciliary-body) ultimately straightening in 24 hours toward top back of eyeball.

^ & ^^ **:** ^ is Part 2's "Inroad Channel" (= Center of Gravity) & ^^ is the "Resulting Structure" (= Day's "Bone")

***Exit correspondents associated with Day 1, Day 2 & Day 3 structures are shown below**						**** Exits**
8:52a - 11:16a **|** Eye part 1 **|**	Bone Marrow	Kidney	RLS 1, p.1	RLS 4, p.1	LLS7+8,p.1	Urethra
11:16a - 4:04p **|** Eye part 2 **|**	Carotid Artery	Gallbladder	part 2	part 2	part 2	Armpits
4:04p - 12:52a **|** Eye part 3 **|**	Pineal Gland	Duodenum	part 3	part 3	part 3	Nipples
12:52a - 7:16a **|** Eye part 4 **|**	Cerebellum 1	Liver	part 4	part 4	part 4	Anus
7:16a - 8:04a **|** Eye part 5 **|**	Cerebrum 1	Lat.Vent., R.F.	part 5	part 5	part 5	Eye
8:04a - 8:52a **|** Eye part 6 **|**	Cranial nerve I	Nerve C5	part 6	part 6	part 6	Vagina

***** Being that which is needed to allow constant organism alteration for constant universe change.**

8:52 a.m. 7/2/1939 HUMAN as Bob or Pendulum from Crista Galli as Hook or Pivot for 6/30 - 7/2/2014

DAY 1 BOB HOOK COMPLEX is Ethmoid/SPHENOID BONE with breath through Nasolacrimal Duct (N.D.) & Superior Lacrimal Canaliculus to activate the Sigmoid/Transverse Sinus thereby arranging the SHORT GYRUS to align APPARATUS OF EYE ITSELF to form Lens for spectral energy transmission, "muscles" are the upper, medial quadrant 3-member set (4-6) of 3 equatorial zonular fibers per set.

DAY 2 BOB-A is HIGHEST NASAL CONCHA/Sternum Bone with 2nd component of breath through N.D. & Inferior Lacrimal Canaliculus to activate Cavernous Sinus 1 thereby arranging OPTIC NERVE (C.N. II) to continue proper gyrus function, muscles are the dilator, sphincter and orbitalis of the eye.

DAY 3 BOB HOOK COMPLEX AID (BOB-A) is C2/Mc 2 with 3rd component of breath through Eustacean Tube to activate Anterior Semicircular Duct Ampulla thereby arranging SPINAL NERVE 2 (C6 Spinal Nerve) to continue proper gyrus function, muscles are as shown.

In order for the above described Bob Hook Complex to approach optimal function, there can be no mis-alignment of its associated bone, muscle and organ structures. In the lower set of boxed columns below, preceded in the upper set by the enabling breath tracts, and aligned to the 6 spectral energy time intervals in 24 hours at left, are the 6 spectral energy associated structures as correlated with each numbered bone further below in the dated boxes. The 3 dated boxes then show the associated bone scaffold for C2 with the muscles for each bone of the scaffold changing through the 3 dates to provide on-going bone adjustment.

TIME INTERVALS corresponding to the 6 periods in 24 hours in which energy need evolved from possible available ranges of spectral energy from radio to gamma rays:	**1** Breath thru nasolacrimal duct into inferior lacrimal canaliculus to activate cavernous sinus 1 & Eye Apparatus:	**2** Breath through frontonasal duct to activate frontal sinus and the	**3** Breath through Eustacean tube to activate anterior semicircular duct ampulla and the	**4** Breath through inferior nasal meatus & incisive canal to activate RLS 1:	**5** Breath through middle nasal meatus & incisive canal to activate RLS 4:	**6** Breath through superior nasal meatus & incisive canal to activate LLS 7+8:	**EXIT ROUTES** for unincorporated wave lengths of spectral energy:
8:52am-11:16am >	Part 1 <lymph>	Bone Marrow	Kidney	Part 1	Part 1	Part 1	urethra
11:16am-4:04pm >	Part 2 <blood>	Carotid Artery	Gallbladder	Part 2	Part 2	Part 2	armpits
4:04pm-12:52am >	Part 3<hormone>	Pineal Gland	Duodenum	Part 3	Part 3	Part 3	nipples
12:52am-7:16am >	Part 4 <DNA>	Cerebellum 1	Liver	Part 4	Part 4	Part 4	anus
7:16am-8:04am >	Part 5 <RNA>	Cerebrum 2	Lat.Vent., R.F.	Part 5	Part 5	Part 5	eye
8:04am-8:52am >	Part 6 <protein>	Cranial Nerve II	Nerve C6	Part 6	Part 6	Part 6	vagina

6/30/2014 DAY 1 BOB HOOK COMPLEX above (SPHENOID BONE brought forth in forming cerebellum) was originated, & is altered, in connection with Bob Center, C5 (by way of ingress of outside environment), through aegis of the Short Gyrus.

Associated bones/muscles are (1) Highest Nasal Concha - eye's dilator muscle
(2) Sternum - uterus/scrotum, longitudinal fibers
(3) C2 uterus/scrotum, longitudinal fibers
(4) Mc 2 uterus/scrotum, longitudinal fibers
(5) Rib 1 uterus/scrotum, longitudinal fibers
(6) Mt 2 uterus/scrotum, longitudinal fibers

7/1/2014 Day 2 Bob Hook Complex Aid (Bob-A) below is altered in connection with Bob-Center, L1 (by way of Tympanic Cells), in conjunction with Cranial Nerve VI (Abducent).

DAY 2 BOB-A > (1) HIGHEST NASAL CONCHA - eye's sphincter muscle
Associated bones/muscles are (2) Sternum - uterus/scrotum, circular fibers
(3) C2 uterus/scrotum, circular fibers
(4) Mc 2 uterus/scrotum, circular fibers
(5) Rib 1 uterus/scrotum, circular fibers
(6) Mt 2 uterus/scrotum, circular fibers

7/2/2014 Day 3 Bob Hook Complex Aid (Bob-A) below is altered in connection with Bob Center, Upper 2nd Molar.

(1) Highest Nasal Concha - eye's orbitalis muscle
(2) Sternum - uterus/scrotum, radial fibers
(3) C2 > DAY 3 BOB-A uterus/scrotum, radial fibers
(4) Mc 2 uterus/scrotum, radial fibers
(5) Rib 1 uterus/scrotum, radial fibers
(6) Mt 2 uterus/scrotum, radial fibers

PROCESS FOR ALTERING STRUCTURES as associated with progress toward optimal functioning

Read boxes from left to right	**Inhalation along given tracts "to" given structures,**	**Likely causes (1) eye tracts to receive spectral energy (with surrogate aid from 6 Exit correspondents*) & intake into**	**And (2) pressure (for alteration) on**	**Exhalation with no collapse of breath tract & structures,**	**Causes (1) pressure (for alteration) on**	**And (2)**	**And (3)**
Day 1 ^ = * see page bottom for each	Superior lacrimal canaliculi "to" Sigmoid/ transverse sinuses**,**	C5 ^	Sphenoid bone ^^ (+ cerebellum) & Short gyri ^^**;**	Sup.lac.can. & Sig./trans. sinuses & 6 Exit correspondents* & C5 ^ & Sphenoid bone ^^ (+ cerebellum) & Short gyri ^^**,**	**And intake into** Sphenoid bone ^^ (+ cerebellum) & Short gyri ^^	Breath "to" Sigmoid / transverse sinuses to disperse to receiving structures of the brain to serve during inhalation	Exhalation pressure brought to bear on 6 Exit correspondents* to precipitate that which*** will serve possible surrogate, specifically needed spectral energy roles during inhalation**;** unused "spectral energy" pressure of the breath cycle disperses to Exits****.**
Day 2 ^ = * see below for each	Inferior lacrimal canaliculi "to" Cavernous sinuses 1**,**	As above but for L1 ^ (+ CN VI, i.e. Cranial nerve VI, Abducent)	As above but for the Highest nasal conchas ^^**;**	Inf. lac. can. & Cavernous sinuses 1 & 6 Exit correspondents* & L1 ^ (+ CN VI) & Highest nasal conchas ^^**,**	L1 ^ (+ CN VI) **And intake into** Highest nasal conchas ^^	Breath "to" Cavernous sinuses 1 to disperse to receiving structures of the brain	As above
Day 3 ^ = * see below	Eustacean tubes "to" Anterior semicircular duct ampullas**,**	As above but for the Upper 2nd molars ^	As above but for C2 ^^**;**	Ant.semi.duct ampullas & 6 Exit correspondents* & Upper 2nd molars ^ & C2 ^^**,**	Upper 2nd molars ^ **And intake into** C2 ^^	Breath "to" A. semi. d. ampullas to disperse to receiving destinations	As above

Commentary on Uterus/Scrotum Muscle & Possible Sensation of Directions of Stretch of Its 3 Fibers

The muscle for the body's second scaffold of bones is either the uterus or the scrotum, the only differently located muscularly developed structures of the body associated with a single bone, with the different locations of the two muscles, which serve the same bone in female and male, perhaps being the source of the differentiation of the sexes. Only the uterus is considered here. It opens into the top of the vagina which extends behind the urethra and the bladder, the latter being at the lower front of the body behind the pubic symphysis. From its opening into the vagina's top, beyond the bladder's top rear, the uterus curves over the bladder toward the body's front. As with the ciliary muscle, there are longitudinal, circular & radial muscle fibers.

uterus/scrotum, longitudinal fibers - sensation of fibers extending first along top of uterus from above its cervical opening into vagina out to / over the fundus of uterus at its extension over the bladder toward the front wall of the body - with subsequent fibers laterally paralleling the first fibers. This muscle serves for the sternum, C2, Mc 2, rib 1, and Mt 2 as Day 1 bones.

uterus/scrotum, circular fibers - sense of circular bands of fibers proceeding (from bottom side) along fallopian tubes toward uterus & then, parallel, enlarging bands proceeding across uterus over its fundus & around its side so the two sets of bands crisscross one another along the top and bottom of uterus seguing into circular bands around the uterus as it approaches its cervical opening into the vagina. This muscle serves the sternum, C2, Mc 2, rib 1 and Mt 2 as Day 2 bones **as does the one below when they are Day 3 bones**.

uterus/scrotum, radial fibers - sense of most internal fiber/s curving obliquely from area of last reach of circular fibers thru uterus & fallopian tubes, fibers straightening in 24 hours toward end of 1st longitudinal fiber.

^ & ^^ **:** ^ is Part 2's "Inroad Channel" (= Center of Gravity) & ^^ is the "Resulting Structure" (= Day's "Bone")

***Exit correspondents associated with Day 1, Day 2 & Day 3 structures are shown below**						**** Exits**
8:52a - 11:16a **|** Eye part 1 **|**	Bone Marrow	Kidney	RLS 1, p.1	RLS 4, p.1	LLS7+8,p.1	Urethra
11:16a - 4:04p **|** Eye part 2 **|**	Carotid Artery	Gallbladder	part 2	part 2	part 2	Armpits
4:04p - 12:52a **|** Eye part 3 **|**	Pineal Gland	Duodenum	part 3	part 3	part 3	Nipples
12:52a - 7:16a **|** Eye part 4 **|**	Cerebellum 1	Liver	part 4	part 4	part 4	Anus
7:16a - 8:04a **|** Eye part 5 **|**	Cerebrum 2	Lat.Vent., R.F.	part 5	part 5	part 5	Eye
8:04a - 8:52a **|** Eye part 6 **|**	Cranial nerve II	Nerve C6	part 6	part 6	part 6	Vagina

***** Being that which is needed to allow constant organism alteration for constant universe change.**

8:52 a.m. 7/2/1939 HUMAN as Bob or Pendulum from Crista Galli as Hook or Pivot for 7/3 - 7/5/2014

DAY 1 BOB HOOK COMPLEX is ETHMOID/Sphenoid BONE with breath through Nasolacrimal Duct (N.D.) & Superior Lacrimal Canaliculus to activate the Sigmoid/Transverse Sinus thereby arranging the DENTATE GYRUS to align ANTERIOR SEMICIRCULAR DUCT AMPULLA to form Lens,
"muscles" are the upper, medial quadrant 3-member set (7-9) of 3 equatorial zonular fibers per set.

DAY 2 BOB-A is SUPERIOR NASAL CONCHA/Manubrium Bone with 2nd component of breath through N.D. & Inferior Lacrimal Canaliculus to activate Cavernous Sinus 1 thereby arranging OLFACTORY NERVE (C.N. I) to continue proper gyrus function, muscles are the dilator, sphincter and orbitalis of the eye.

DAY 3 BOB HOOK COMPLEX AID (BOB-A) is C3/Mc PP5 with 3rd component of breath through Eustacean Tube to activate Anterior Semicircular Duct Ampulla thereby arranging SPINAL NERVE 3 (C7 Spinal Nerve) to continue proper gyrus function, muscles are as shown.

In order for the above described Bob Hook Complex to approach optimal function, there can be no mis-alignment of its associated bone, muscle and organ structures. In the lower set of boxed columns below, preceded in the upper set by the enabling breath tracts, and aligned to the 6 spectral energy time intervals in 24 hours at left, are the 6 spectral energy associated structures as correlated with each numbered bone further below in the dated boxes. The 3 dated boxes then show the associated bone scaffold for C3 with the muscles for each bone of the scaffold changing through the 3 dates to provide on-going bone adjustment.

TIME INTERVALS corresponding to the 6 periods in 24 hours in which energy need evolved from possible available ranges of spectral energy from radio to gamma rays:	**1** Breath thru nasolacrimal duct into inferior lacrimal canaliculus to activate cavernous sinus 1 & Eye Apparatus:	**2** Breath through frontonasal duct to activate frontal sinus and the	**3** Breath through Eustacean tube to activate anterior semicircular duct ampulla and the	**4** Breath through inferior nasal meatus & incisive canal to activate RLS 1:	**5** Breath through middle nasal meatus & incisive canal to activate RLS 4:	**6** Breath through superior nasal meatus & incisive canal to activate LLS 7+8:	**EXIT ROUTES** for unincor-porated wave lengths of spectral energy:
8:52am-11:16am >	Part 1 <lymph>	Bone Marrow	Kidney	Part 1	Part 1	Part 1	urethra
11:16am-4:04pm >	Part 2 <blood>	Carotid Artery	Gallbladder	Part 2	Part 2	Part 2	armpits
4:04pm-12:52am >	Part 3<hormone>	Pineal Gland	Duodenum	Part 3	Part 3	Part 3	nipples
12:52am-7:16am >	Part 4 <DNA>	Cerebellum 1	Liver	Part 4	Part 4	Part 4	anus
7:16am-8:04am >	Part 5 <RNA>	Cerebrum 3	Lat.Vent., R.F.	Part 5	Part 5	Part 5	eye
8:04am-8:52am >	Part 6 <protein>	Cranial Nerve I	Nerve C7	Part 6	Part 6	Part 6	vagina

7/3/2014 DAY 1 BOB HOOK COMPLEX above is altered in connection with Bob Center, Maxilla Alveolar Process (by way of Ethmoid Cells), through aegis of the Dentate Gyrus.

Associated bones/muscles are (1) Superior Nasal Concha - eye's dilator muscle
(2) Manubrium - levator palpebrae superioris, superficial lamella

(3) C3
levator palpebrae superioris, superficial lamella

(5) T2
levator palpebrae superioris, superficial lamella

(4) Mc PP5
levator palpebrae superioris, superficial lamella

(6) Mt PP5
levator palpebrae superioris, superficial lamella

7/4/2014 Day 2 Bob-A below is altered in connection with Bob Center, Inferior Nasal Concha's overseen Series of Soft Tissue Structure (by way of Tympanic Cells) in conjunction with Cranial Nerve V (Trigeminal).

DAY 2 BOB-A > (1) SUPERIOR NASAL CONCHA - eye's sphincter muscle
Associated bones/muscles are (2) Manubrium - levator palpebrae superioris, middle lamella

(3) C3
levator palpebrae superioris, middle lamella

(5) T2
levator palpebrae superioris, middle lamella

(4) Mc PP5
levator palpebrae superioris, middle lamella

(6) Mt PP5
levator palpebrae superioris, middle lamella

7/5/2014 Day 3 Bob Hook Complex Aid (Bob-A) below is altered in connection with Bob Center, the Lunate.

(1) Superior Nasal Concha - eye's orbitalis muscle
(2) Manubrium - levator palpebrae superioris, deep lamella

(3) C3 > DAY 3 BOB-A
levator palpebrae superioris, deep lamella

(5) T2
levator palpebrae superioris, deep lamella

(4) Mc PP5
levator palpebrae superioris, deep lamella

(6) Mt PP5
levator palpebrae superioris, deep lamella

PROCESS FOR ALTERING STRUCTURES (see Text at beginning of Part 5 for elucidation)
with the following occurances proposed as associated with progress toward optimal functioning

Read boxes from left to right	Inhalation along given tracts "to" given structures.	Likely causes (1) eye tracts to receive spectral energy (with surrogate aid from 6 Exit correspondents*) & intake into	And (2) pressure (for alteration) on	Exhalation with no collapse of breath tract & structures,	Causes (1) pressure (for alteration) on	And (2)	And (3)
Day 1 ^ = * see page bottom for each	Superior lacrimal canaliculi "to" Sigmoid/ transverse sinuses,	Maxilla alveolar process ^	Dentate gyri ^^;	Sup.lac.can. & Sig./ trans. sinuses & 6 Exit correspondents* & Maxilla alveolar process ^ & Dentate gyri ^^,	Maxilla alveolar process ^ **And intake into** Dentate gyri ^^	Breath "to" Sigmoid / transverse sinuses to disperse to receiving structures of the brain to serve during inhalation	Exhalation pressure brought to bear on 6 Exit correspondents* to precipitate that which*** will serve possible surrogate, specifically needed spectral energy roles during inhalation; unused "spectral energy" pressure of the breath cycle disperses to Exits**.
Day 2 ^ = * see below for each	Inferior lacrimal canaliculi "to" Cavernous sinuses 1, (+ CN V - Trigeminal)	As above but for Thoracic duct, parathyroids, thyroid glands + 3 others ^	As above but for the Superior nasal conchas ^^; Superior nasal conchas^^,	Inf. lac. can. & Cavernous sinuses 1 & 6 Exit correspondents* & Thoracic duct, etc. ^ &	Thoracic duct, parathyroids, thyroid glands + 3 others ^ (+ CN V) **& intake into** Superior nasal conchas^^	Breath "to" Cavernous sinuses 1 to disperse to receiving structures of the brain	As above
Day 3 ^ = * see below	Eustacean tubes "to" Anterior semicircular duct ampullas,	As above but for the Lunates ^	As above but for C3 ^^; Lunates ^ & C3 ^^,	Ant.semi.duct ampullas & 6 Exit correspondents* &	Lunates ^ **And intake into** C3 ^^	Breath "to" A. semi. d. ampullas to disperse to receiving destinations	As above

Note: Maintain alignment of L5**/**pisiform, McSs2**/**incus, McSs1**/**hyoid, MtSs1**/**patella.

Commentary on Levator Palpebrae Superioris Muscle & Directions of Stretch of Its 3 Fibers

The pattern for the muscle fibers of the first, second and fourth 3-day bones of the body would seem to be the same, these being the xiphoid process, sternum and clavicle with their corresponding muscles being the fibers of the ciliaris, uterus/scrotum and bladder. The pattern for the muscle of the third 3-day bone, the manubrium, would seem to be different. This is the levator palpebrae superioris muscle, with a superior, a middle and a deep lamella, all seeming to blend together as part of the optic nerve and to run parallel to one another rather than to have longitudinal, circular and radial aspects. Perhaps the difference in muscle pattern results from the sort of bone the manubrium is. It is a beginning bone of the body which most lets other connecting bones change direction to extend toward other spatial directions. Perhaps since this possibility extends from the bone itself, the role of the muscle fibers becomes different.

levator palpebrae superioris, superficial lamella - from upper eyelid over sup. tarsus to upper optic canal
This same muscle serves for the manubrium, C3, Mc PP5, T2 and Mt PP5 as Day 1 bones.

levator palpebrae superioris, middle lamella - from upper optic canal to superior tarsus
This same muscle serves for the manubrium, C3, Mc PP5, T2 and Mt PP5 as Day 2 bones.

levator palpebrae superioris, deep lamella - from superior fornix deep to sup. tarsus to upper optic canal
This same muscle serves for the manubrium, C3, Mc PP5, T2 and Mt PP5 as Day 3 bones.

^ & ^^ **:** ^ is Part 2's "Inroad Channel" (= Center of Gravity) & ^^ is the "Resulting Structure" (= Day's "Bone")

***Exit correspondents associated with Day 1, Day 2 & Day 3 structures are shown below**						**** Exits**
8:52a - 11:16a **|** Eye part 1 **|**	Bone Marrow	Kidney	RLS 1, p.1	RLS 4, p.1	LLS7/8,p.1	Urethra
11:16a - 4:04p **|** Eye part 2 **|**	Carotid Artery	Gallbladder	part 2	part 2	part 2	Armpits
4:04p - 12:52a **|** Eye part 3 **|**	Pineal Gland	Duodenum	part 3	part 3	part 3	Nipples
12:52a - 7:16a **|** Eye part 4 **|**	Cerebellum 1	Liver	part 4	part 4	part 4	Anus
7:16a - 8:04a **|** Eye part 5 **|**	Cerebrum 3	Lat.Vent., R.F.	part 5	part 5	part 5	Eye
8:04a - 8:52a **|** Eye part 6 **|**	Cranial nerve I	Nerve C7	part 6	part 6	part 6	Vagina

***** That which is formed is that which is needed to serve in altering organism structures to allow the organism to continually change to accord itself to its constantly altering universe.**

8:52 a.m. 7/2/1939 HUMAN as Bob or Pendulum from Crista Galli as Hook or Pivot for 7/6 - 7/8/2014

DAY 1 BOB HOOK COMPLEX is Ethmoid/SPHENOID BONE with breath through Nasolacrimal Duct (N.D.) & Superior Lacrimal Canaliculus to activate the Sigmoid/Transverse Sinus thereby arranging the ORBITAL GYRUS to align ANTERIOR SEMICIRCULAR DUCT AMPULLA to form Lens,
"muscles" are the upper, medial quadrant 3-member set (10-12) of 3 equatorial zonular fibers per set.

DAY 2 BOB-A is HIGHEST NASAL CONCHA/Clavicle Bone with 2nd component of breath through N.D. & Inferior Lacrimal Canaliculus to activate Cavernous Sinus 1 thereby arranging OPTIC NERVE (C.N. II) to continue proper gyrus function, muscles are the dilator, sphincter and orbitalis of the eye.

DAY 3 BOB HOOK COMPLEX AID (BOB-A) is C4/Mc PP2 with 3rd component of breath through Eustacean Tube to activate Anterior Semicircular Duct Ampulla thereby arranging SPINAL NERVE 4 (C8 Spinal Nerve) to continue proper gyrus function, muscles are as shown.

In order for the above described Bob Hook Complex to approach optimal function, there can be no mis-alignment of its associated bone, muscle and organ structures. In the lower set of boxed columns below, preceded in the upper set by the enabling breath tracts, and aligned to the 6 spectral energy time intervals in 24 hours at left, are the 6 spectral energy associated structures as correlated with each numbered bone further below in the dated boxes. The 3 dated boxes then show the associated bone scaffold for C4 with the muscles for each bone of the scaffold changing through the 3 dates to provide on-going bone adjustment.

TIME INTERVALS corresponding to the 6 periods in 24 hours in which energy need evolved from possible available ranges of spectral energy from radio to gamma rays:	**1** Breath thru nasolacrimal duct into inferior lacrimal canaliculus to activate cavernous sinus 1 & Eye Apparatus:	**2** Breath through frontonasal duct to activate frontal sinus and the	**3** Breath through Eustacean tube to activate anterior semicircular duct ampulla and the	**4** Breath through inferior nasal meatus & incisive canal to activate RLS 1:	**5** Breath through middle nasal meatus & incisive canal to activate RLS 4:	**6** Breath through superior nasal meatus & incisive canal to activate LLS 7+8:	**EXIT ROUTES** for unincor-porated wave lengths of spectral energy:
8:52am-11:16am >	Part 1 <lymph>	Bone Marrow	Kidney	Part 1	Part 1	Part 1	urethra
11:16am-4:04pm >	Part 2 <blood>	Carotid Artery	Gallbladder	Part 2	Part 2	Part 2	armpits
4:04pm-12:52am >	Part 3<hormone>	Pineal Gland	Duodenum	Part 3	Part 3	Part 3	nipples
12:52am-7:16am >	Part 4 <DNA>	Cerebellum 1	Liver	Part 4	Part 4	Part 4	anus
7:16am-8:04am >	Part 5 <RNA>	Cerebrum 4	Lat.Vent., R.F.	Part 5	Part 5	Part 5	eye
8:04am-8:52am >	Part 6 <protein>	Cranial Nerve II	Nerve C8	Part 6	Part 6	Part 6	vagina

7/6/2014 DAY 1 BOB HOOK COMPLEX above is altered in connection with Bob Center, Mandible Alveolar Process (by way of Ethmoid Cells), through aegis of the Orbital Gyrus.

Associated bones/muscles are (1) Highest Nasal Concha - eye's dilator muscle
(2) Clavicle - bladder, longitudinal fibers
(3) C4 - bladder, longitudinal fibers
(4) Mc PP2 - bladder, longitudinal fibers
(5) Rib 2 - bladder, longitudinal fibers
(6) Mt PP2 - bladder, longitudinal fibers

7/7/2014 Day 2 Bob Hook Complex Aid (Bob-A) below is altered in connection with Bob-Center, L1 (by way of Tympanic Cells), in conjunction with Cranial Nerve VI (Abducent).

DAY 2 BOB-A > (1) HIGHEST NASAL CONCHA - eye's sphincter muscle
Associated bones/muscles are (2) Clavicle - bladder, circular fibers
(3) C4 - bladder, circular fibers
(4) Mc PP2 - bladder, circular fibers
(5) Rib 2 - bladder, circular fibers
(6) Mt PP2 - bladder, circular fibers

7/8/2014 Day 3 Bob Hook Complex Aid (Bob-A) below is altered in connection with Bob Center, the Hook of Hamate.

(1) Highest Nasal Concha - eye's orbitalis muscle
(2) Clavicle - bladder, radial fibers
(3) C4 > DAY 3 BOB-A - bladder, radial fibers
(4) Mc PP2 - bladder, radial fibers
(5) Rib 2 - bladder, radial fibers
(6) Mt PP2 - bladder, radial fibers

PROCESS FOR ALTERING STRUCTURES (see Text at beginning of Part 5 for elucidation)
with the following occurances proposed as associated with progress toward optimal functioning

Read boxes from left to right	Inhalation along given tracts "to" given structures,	Likely causes (1) eye tracts to receive spectral energy (with surrogate aid from 6 Exit correspondents*) & intake into	And (2) pressure (for alteration) on	Exhalation with no collapse of breath tract & structures,	Causes (1) pressure (for alteration) on	And (2)	And (3)
Day 1 ^ = * see page bottom for each	Superior lacrimal canaliculi "to" Sigmoid/ transverse sinuses,	Mandible alveolar process ^	Orbital gyri ^^;	Sup.lac.can. & Sig./ trans. sinuses & 6 Exit correspondents* & Mandible alveolar process ^ & Orbital gyri ^^,	Mandible alveolar process ^ **And intake into** Orbital gyri ^^	Breath "to" Sigmoid / transverse sinuses to disperse to receiving structures of the brain to serve during inhalation	Exhalation pressure brought to bear on 6 Exit correspondents* to precipitate that which*** will serve possible surrogate, specifically needed spectral energy roles during inhalation; unused "spectral energy" pressure of the breath cycle disperses to Exits**.
Day 2 ^ = * see below for each	Inferior lacrimal canaliculi "to" Cavernous sinuses 1,	As above but for L1 ^ (+ CN VI, i.e. Cranial nerve VI, Abducent)	As above but for the Highest nasal conchas ^^;	Inf. lac. can. & Cavernous sinuses 1 & 6 Exit correspondents* & L1 ^ (+ CN VI) & Highest nasal conchas ^^,	L1 ^ (+ CN VI) **And intake into** Highest nasal conchas ^^	Breath "to" Cavernous sinuses 1 to disperse to receiving structures of the brain	As above
Day 3 ^ = * see below	Eustacean tubes "to" Anterior semicircular duct ampullas,	As above but for the Hook of hamates ^	As above but for C4 ^^; Hook of hamates^ & C4^^,	Ant.semi.duct ampullas & 6 Exit correspondents* &	Hook of hamates ^ **And intake into** C4 ^^	Breath "to" A. semi. d. ampullas to disperse to receiving destinations	As above

Note: Maintain alignment of L5**/**pisiform, McSs2**/**incus, McSs1**/**hyoid, MtSs1**/**patella.

Commentary on the Bladder Muscle and Possible Sensation of Directions of Stretch of Its 3 Fibers

The bladder sits toward the front of the body just above the pelvis (at the pelvic diaphragm) and above the urinary tract with a forward-projected portion. The longitudinal, circular and radial bladder muscle fibers serve, respectively, as the body's manipulating muscles on Day 1, Day 2 and Day 3 of the service of Rib 2 as the 3-day bone perhaps with the ultimate purpose of manipulating the ciliary body to fashion the lens.

bladder, longitudinal fibers - sensation of longitudinal stretch from the front neck of the bladder at the top of the urethra forward and up over the apex at the bladder's front reach in the body, then back toward the fundus at the bladder's back reach, with fiber rows progressing laterally around through 24 hours. This same muscle serves for the clavicle, C4, Mc PP2, rib 2 and Mt PP2 as Day 1 bones.

bladder, circular fibers - sensation of circular band stretch, around and up bladder starting in area of end of last longitudinal fiber above posterior neck, band origins progressing back to anterior neck in 24 hrs. This same muscle serves for the clavicle, C4, Mc PP2, rib 2 and Mt PP2 as Day 2 bones.

bladder, radial fibers - sense of stretch from bunched row of fibers originating in area of end of last circular fiber in front neck area, initially with obliquely lateral destination points of stretch, points straightening in 24 hours toward the end of the 1st longitudinal fiber at bladder fundus (to align fovea centralis). This same muscle serves for the clavicle, C4, Mc PP2, rib 2 and Mt PP2 as Day 3 bones.

^ & ^^ **:** ^ is Part 2's "Inroad Channel" (= Center of Gravity) & ^^ is the "Resulting Structure" (= Day's "Bone")

***Exit correspondents associated with Day 1, Day 2 & Day 3 structures are shown below**						**** Exits**
8:52a - 11:16a **|** Eye part 1 **|**	Bone Marrow	Kidney	RLS 1, p.1	RLS 4, p.1	LLS7/8,p.1	Urethra
11:16a - 4:04p **|** Eye part 2 **|**	Carotid Artery	Gallbladder	part 2	part 2	part 2	Armpits
4:04p - 12:52a **|** Eye part 3 **|**	Pineal Gland	Duodenum	part 3	part 3	part 3	Nipples
12:52a - 7:16a **|** Eye part 4 **|**	Cerebellum 1	Liver	part 4	part 4	part 4	Anus
7:16a - 8:04a **|** Eye part 5 **|**	Cerebrum 4	Lat.Vent., R.F.	part 5	part 5	part 5	Eye
8:04a - 8:52a **|** Eye part 6 **|**	Cranial nerve II	Nerve C8	part 6	part 6	part 6	Vagina

***** That which is formed is that which is needed to serve in altering organism structures to allow the organism to continually change to accord itself to its constantly altering universe.**

8:52 a.m. 7/2/1939 HUMAN as Bob or Pendulum from Crista Galli as Hook or Pivot for 7/9 - 7/11/2014

DAY 1 BOB HOOK COMPLEX is ETHMOID/Sphenoid BONE with breath through Nasolacrimal Duct (N.D.) & Superior Lacrimal Canaliculus to activate the Straight/Occipital Sinus thereby arranging the STRAIGHT GYRUS to align POSTERIOR SEMICIRCULAR DUCT AMPULLA to form Lens,
"muscles" are the upper, medial quadrant 3-member set (13-15) of 3 equatorial zonular fibers per set.

DAY 2 BOB-A is SUPERIOR NASAL CONCHA/Scapula Bone with 2nd component of breath through N.D. & Inferior Lacrimal Canaliculus to activate Cavernous Sinus 2 thereby arranging OCULOMOTOR NERVE (C.N. III) to continue proper gyrus function, muscles are the dilator, sphincter and orbitalis of the eye.

DAY 3 BOB HOOK COMPLEX AID (BOB-A) is S5/Mc MP5 with 3rd component of breath through Eustacean Tube to activate Posterior Semicircular Duct Ampulla thereby arranging SPINAL NERVE 5 (T1 Spinal Nerve) to continue proper gyrus function, muscles are as shown.

In order for the above described Bob Hook Complex to approach optimal function, there can be no mis-alignment of its associated bone, muscle and organ structures. In the lower set of boxed columns below, preceded in the upper set by the enabling breath tracts, and aligned to the 6 spectral energy time intervals in 24 hours at left, are the 6 spectral energy associated structures as correlated with each numbered bone further below in the dated boxes. The 3 dated boxes then show the associated bone scaffold for S5 with the muscles for each bone of the scaffold changing through the 3 dates to provide on-going bone adjustment.

TIME INTERVALS corresponding to the 6 periods in 24 hours in which energy need evolved from possible available ranges of spectral energy from radio to gamma rays:	1 Breath thru nasolacrimal duct into inferior lacrimal canaliculus to activate cavernous sinus 2 & Eye Apparatus:	2 Breath through Eustacean tube to activate mastoid cells and the	3 Breath through Eustacean tube to activate posterior semicircular duct ampulla and the	4 Breath through inferior nasal meatus & incisive canal to activate LLS 1+2:	5 Breath through middle nasal meatus & incisive canal to activate LLS 5:	6 Breath through superior nasal meatus & incisive canal to activate RLS 8:	EXIT ROUTES for unincor-porated wave lengths of spectral energy:
8:52am-11:16am >	Part 1 <lymph>	Thoracic Duct	Kidney	Part 1	Part 1	Part 1	urethra
11:16am-4:04pm >	Part 2 <blood>	Parathyroids	Gallbladder	Part 2	Part 2	Part 2	armpits
4:04pm-12:52am >	Part 3<hormone>	Thyroid Gland	Duodenum	Part 3	Part 3	Part 3	nipples
12:52am-7:16am >	Part 4 <DNA>	Cerebellum 2	Liver	Part 4	Part 4	Part 4	anus
7:16am-8:04am >	Part 5 <RNA>	Cerebrum 5	Lat.Vent., L.F.	Part 5	Part 5	Part 5	eye
8:04am-8:52am >	Part 6 <protein>	Cranial Nerve III	Nerve T1	Part 6	Part 6	Part 6	vagina

7/9/2014 DAY 1 BOB HOOK COMPLEX above is altered in connection with Bob Center, Upper Wisdom Tooth (by way of Sphenoid Sinus), through aegis of the Straight Gyrus.

Associated bones/muscles are (1) Superior Nasal Concha - eye's dilator muscle
(2) Scapula - platysma

(3) S5
thyroepiglottic

(4) Mc MP5
deltoid, back part

(5) T3
rotatores brevis

(6) Mt MP5
inferior gemellus

7/10/2014 Day 2 Bob-A below is altered in connection with Bob Center, Inferior Nasal Concha's overseen Series of Soft Tissue Structure (by way of Tympanic Cells) in conjunction with Cranial Nerve V (Trigeminal).

DAY 2 BOB-A > (1) SUPERIOR NASAL CONCHA - eye's sphincter muscle
Associated bones/muscles are (2) Scapula - hair follicle muscles

(3) S5
inferior oblique of eye

(4) Mc MP5
deltoid, middle part

(5) T3
multifidi

(6) Mt MP5
obturator externus

7/11/2014 Day 3 Bob Hook Complex Aid (Bob-A) below is altered in connection with Bob Center, the Pisiform.

(1) Superior Nasal Concha - eye's orbitalis muscle
(2) Scapula - temporoparietalis

(3) S5 > DAY 3 BOB-A
aryepiglottic

(4) Mc MP5
deltoid, 2nd front part

(5) T3
rotatores longus

(6) Mt MP5
superior gemellus

PROCESS FOR ALTERING STRUCTURES
with the following occurances proposed as associated with progress toward optimal functioning

Read boxes from left to right	**Inhalation along given tracts "to" given structures,**	**Likely causes (1) eye tracts to receive spectral energy (with surrogate aid from 6 Exit correspondents*) & intake into**	**And (2) pressure (for alteration) on**	**Exhalation with no collapse of breath tract & structures,**	**Causes (1) pressure (for alteration) on**	**And (2)**	**And (3)**
Day 1 ^ = * see page bottom for each	Superior lacrimal canaliculi "to" Straight/ occipital sinuses,	Upper wisdom teeth ^	Straight gyri ^^; & Straight gyri ^^,	Sup. lac. can. & Straight/ occipital sinuses & 6 Exit correspondents* & Upper wisdom teeth ^	Upper wisdom teeth ^ **And intake into** Straight gyri ^^	Breath "to" Straight/ occipital sinuses to disperse to receiving structures of the brain to serve during inhalation	Exhalation pressure brought to bear on 6 Exit correspondents* to precipitate that which*** will serve possible surrogate, specifically needed spectral energy roles during inhalation; unused "spectral energy" pressure of the breath cycle disperses to Exits**.
Day 2 ^ = * see below for each	Inferior lacrimal canaliculi "to" Cavernous sinuses 2, (+ CN V - Trigeminal)	As above but for Thoracic duct, parathyroids, thyroid glands + 3 others ^	As above but for the Superior nasal conchas ^^; Superior nasal conchas^^,	Inf. lac. can. & Cavernous sinuses 2 & 6 Exit correspondents* & Thoracic duct, etc. ^ &	Thoracic duct, parathyroids, thyroid glands + 3 others ^ (+ CN V) **& intake into** Superior nasal conchas^^	Breath "to" Cavernous sinuses 2 to disperse to receiving structures of the brain	As above
Day 3 ^ = * see below	Eustacean tubes "to" Posterior semicircular duct ampullas,	As above but for the Pisiforms ^	As above but for S5 ^^; & 6 Exit correspondents* & Pisiforms ^ & S5 ^^,	Posterior semicircular duct ampullas	Pisiforms ^ **And intake into** S5 ^^	Breath "to" Posterior semicircular duct ampullas to disperse to receiving destinations	As above

Note: Maintain alignment of L5**/**pisiform, McSs2**/**incus, McSs1**/**hyoid, MtSs1**/**patella.

~ = line continuance in this section **Direction** of **Stretch** for **Muscles** on **Front** of **Page**

platysma - down from mouth corner & chin over neck & clavicle spreading to front of shoulder & upper ribs
thyroepiglottic - back & up from inside front of thyroid cartilage to epiglottis joining upper part of aryepiglottic
deltoid, back part - downward from backmost part of spine of scapula to just above mid-lateral humerus
rotatores brevis - up from articular/transverse/mamillary vertebral processes to vertebral spine base above
inferior gemellus - out from upper, outer ischial tuberosity rim to greater trochanter's inner central surface

hair follicle muscles - short stretch in from skin as perhaps radiating in bands from armpits to side of head ~
inferior oblique of eye - from eyeball's lateral side coursing under eyeball to medial bottom wall of eye socket
deltoid, middle part - from just above mid-lateral humerus upward to scapula's medial spine/acromion
multifidi - from spinous processes all along the spine downward to lower more lateral vertebral processes
obturator externus - from back inner part of greater trochanter to inf. pubis/ischium rami's front upper rims

temporoparietalis - upward from above ear to skin along the side of head ~swinging around & down through body in 24 hours
aryepiglottic - upward from apex of arytenoid cartilage to along side of epiglottis
deltoid, 2nd front part - down from scapula's acromion (& lateral clavicle) to just above mid-lateral humerus
rotatores longus - upward from thoracic vertebral transverse processes to vertebral spine two above
superior gemellus - outward from ischial spine to greater trochanter's inner central surface

^ & ^^ **:** ^ is Part 2's "Inroad Channel" (= Center of Gravity) & ^^ is the "Resulting Structure" (= Day's "Bone")

***Exit correspondents associated with Day 1, Day 2 & Day 3 structures are shown below**						** Exits
8:52a - 11:16a **|** Eye part 1 **|**	Thoracic duct	Kidney	LLS 1+2, p.1	LLS 5, p.1	RLS 8, p.1	Urethra
11:16a - 4:04p **|** Eye part 2 **|**	Parathyroids	Gallbladder	part 2	part 2	part 2	Armpits
4:04p - 12:52a **|** Eye part 3 **|**	Thyroid gland	Duodenum	part 3	part 3	part 3	Nipples
12:52a - 7:16a **|** Eye part 4 **|**	Cerebellum 2	Liver	part 4	part 4	part 4	Anus
7:16a - 8:04a **|** Eye part 5 **|**	Cerebrum 5	Lat.Vent.,L.F.	part 5	part 5	part 5	Eye
8:04a - 8:52a **|** Eye part 6 **|**	Cranial nerve III	Nerve T1	part 6	part 6	part 6	Vagina

***** That which is formed is that which is needed to serve in altering organism structures to allow the organism to continually change to accord itself to its constantly altering universe.**

8:52 a.m. 7/2/1939 HUMAN as Bob or Pendulum from Crista Galli as Hook or Pivot for 7/12 - 7/14/2014

DAY 1 BOB HOOK COMPLEX is Ethmoid/SPHENOID BONE with breath through Nasolacrimal Duct (N.D.) & Superior Lacrimal Canaliculus to activate the Straight/Occipital Sinus thereby arranging the SUBCALLOSAL GYRUS to align POSTERIOR SEMICIRCULAR DUCT AMPULLA to form Lens, "muscles" are the upper, medial quadrant 3-member set (16-18) of 3 equatorial zonular fibers per set.

DAY 2 BOB-A is HIGHEST NASAL CONCHA/Humerus Bone with 2nd component of breath through N.D. & Inferior Lacrimal Canaliculus to activate Cavernous Sinus 2 thereby arranging TROCHLEAR NERVE (C.N. IV) to continue proper gyrus function, muscles are the dilator, sphincter and orbitalis of the eye.

DAY 3 BOB HOOK COMPLEX AID (BOB-A) is S4/Mc MP2 with 3rd component of breath through Eustacean Tube to activate Posterior Semicircular Duct Ampulla thereby arranging SPINAL NERVE 6 (T2 Spinal Nerve) to continue proper gyrus function, muscles are as shown.

In order for the above described Bob Hook Complex to approach optimal function, there can be no mis-alignment of its associated bone, muscle and organ structures. In the lower set of boxed columns below, preceded in the upper set by the enabling breath tracts, and aligned to the 6 spectral energy time intervals in 24 hours at left, are the 6 spectral energy associated structures as correlated with each numbered bone further below in the dated boxes. The 3 dated boxes then show the associated bone scaffold for S4 with the muscles for each bone of the scaffold changing through the 3 dates to provide on-going bone adjustment.

TIME INTERVALS corresponding to the 6 periods in 24 hours in which energy need evolved from possible available ranges of spectral energy from radio to gamma rays:	**1** Breath thru nasolacrimal duct into inferior lacrimal canaliculus to activate cavernous sinus 2 & Eye Apparatus:	**2** Breath through Eustacean tube to activate mastoid cells and the	**3** Breath through Eustacean tube to activate posterior semicircular duct ampulla and the	**4** Breath through inferior nasal meatus & incisive canal to activate LLS 1+2:	**5** Breath through middle nasal meatus & incisive canal to activate LLS 5:	**6** Breath through superior nasal meatus & incisive canal to activate RLS 8:	**EXIT ROUTES** for unincor-porated wave lengths of spectral energy:
8:52am-11:16am >	Part 1 <lymph>	Thoracic Duct	Kidney	Part 1	Part 1	Part 1	urethra
11:16am-4:04pm >	Part 2 <blood>	Parathyroids	Gallbladder	Part 2	Part 2	Part 2	armpits
4:04pm-12:52am >	Part 3<hormone>	Thyroid Gland	Duodenum	Part 3	Part 3	Part 3	nipples
12:52am-7:16am >	Part 4 <DNA>	Cerebellum 2	Liver	Part 4	Part 4	Part 4	anus
7:16am-8:04am >	Part 5 <RNA>	Cerebrum 6	Lat.Vent., L.F.	Part 5	Part 5	Part 5	eye
8:04am-8:52am >	Part 6 <protein>	Cranial Nerve IV	Nerve T2	Part 6	Part 6	Part 6	vagina

7/12/2014 DAY 1 BOB HOOK COMPLEX above is altered in connection with Bob Center, Lower Wisdom Tooth (by way of Sphenoid Sinus), through aegis of the Subcallosal Gyrus.

Associated bones/muscles are (1) Highest Nasal Concha - eye's dilator muscle
(2) Humerus - levator costae brevis
(3) S4 oblique arytenoid
(4) Mc MP2 flexor carpi radialis
(5) Rib 3 intertransversarii, cervical posterior & anterior
(6) Mt MP2 (ishio)coccygeus

7/13/2014 Day 2 Bob Hook Complex Aid (Bob-A) below is altered in connection with Bob-Center, L1 (by way of Tympanic Cells), in conjunction with Cranial Nerve VI (Abducent).

DAY 2 BOB-A > (1) HIGHEST NASAL CONCHA - eye's sphincter muscle
Associated bones/muscles are (2) Humerus - circulatory system muscles
(3) S4 accessory muscle bundle
(4) Mc MP2 palmaris longus
(5) Rib 3 intertransversarii, thoracis & lumbar medial
(6) Mt MP2 obturator internus

7/14/2014 Day 3 Bob Hook Complex Aid (Bob-A) below is altered in connection with Bob Center, the Triquetrum.

(1) Highest Nasal Concha - eye's orbitalis muscle
(2) Humerus - levator costae longus
(3) S4 > DAY 3 BOB-A transverse arytenoid
(4) Mc MP2 flexor carpi ulnaris
(5) Rib 3 intertransversarii, lumbar lateral
(6) Mt MP2 piriformis

PROCESS FOR ALTERING STRUCTURES
with the following occurances proposed as associated with progress toward optimal functioning

Read boxes from left to right	**Inhalation along given tracts "to" given structures,**	**Likely causes (1) eye tracts to receive spectral energy (with surrogate aid from 6 Exit correspondents*) & intake into**	**And (2) pressure (for alteration) on**	**Exhalation with no collapse of breath tract & structures,**	**Causes (1) pressure (for alteration) on**	**And (2)**	**And (3)**
Day 1 ^ = * see page bottom for each	Superior lacrimal canaliculi "to" Straight/ occipital sinuses**,**	Lower wisdom teeth ^	Sub-callosal gyri ^^**;**	Sup. lac. can. & Straight/ occipital sinuses & 6 Exit correspondents* & Lower wisdom teeth ^ & Subcallosal gyri ^^**,**	Lower wisdom teeth ^ **And intake into** Subcallosal gyri ^^	Breath "to" Straight/ occipital sinuses to disperse to receiving structures of the brain to serve during inhalation	Exhalation pressure brought to bear on 6 Exit correspondents* to precipitate that which*** will serve possible surrogate, specifically needed spectral energy roles during inhalation**;** unused "spectral energy" pressure of the breath cycle disperses to Exits****.**
Day 2 ^ = * see below for each	Inferior lacrimal canaliculi "to" Cavernous sinuses 2**,**	As above but for L1 ^ (+ CN VI, i.e. Cranial nerve VI, Abducent)	As above but for the Highest nasal conchas ^^**;**	Inf. lac. can. & Cavernous sinuses 2 & 6 Exit correspondents* & L1 ^ (+ CN VI) & Highest nasal conchas ^^**,**	L1 ^ (+ CN VI) **And intake into** Highest nasal conchas ^^	Breath "to" Cavernous sinuses 2 to disperse to receiving structures of the brain	As above
Day 3 ^ = * see below	Eustacean tubes "to" Posterior semicircular duct ampullas**,**	As above but for the Triquetrums ^	As above but for S4 ^^**;** & 6 Exit correspondents* & Triquetrums ^ & S4 ^^**,**	Posterior semicircular duct ampullas	Triquetrums^ **And intake into** S4 ^^	Breath "to" Posterior semicircular duct ampullas to disperse to receiving destinations	As above

Note: Maintain alignment of L5**/**pisiform, McSs2**/**incus, McSs1**/**hyoid, MtSs1**/**patella.

Direction of **Stretch** for **Muscles** on **Front** of **Page**

levator costae brevis - up from rib below (closer-in position than longus) to next higher transverse process
oblique arytenoid - up from base of arytenoid cartilage to apex of opposite arytenoid cartilage
flexor carpi radialis - down from humerus's medial epicondyle to anterior Mc 2 base
intertransversarii, cervical post. & ant. - from post./ant. cer. transverse process tubercles to ones above
(ishio)coccygeus - up from ischial spine & sacrospinous ligament to border of lower sacrum & coccyx

circulatory system muscles - sense of circular band stretch in blood vessels in 24-hour progress down body
accessory muscle bundle - from temporal bone by occipital juncture down/in to outer pharyngobasilar fascia
palmaris longus - from area over anterior bases of Mc 3 & Mc 4 to humerus's medial epicondyle
intertransversarii, thoracis & lumbar medial - from accessory process above to mamillary process below
obturator internus - from greater trochanter's top edge to out from posterior bone around obturator foramen

levator costae longus - up from rib below (farther-out position than brevis) to 2nd higher transverse process
transverse arytenoid - from arytenoid cartilage straight across to opposite cartilage
flexor carpi ulnaris - down from humerus's medial epicondyle & ulna to ant. Mc 5 base, hamate & pisiform
intertransversarii, lumbar lateral - upward from lumbar transverse process to one above
piriformis - from anterior sacrum and sacrotuberous ligament to fossa surface & top of greater trochanter

^ & ^^ **:** ^ is Part 2's "Inroad Channel" (= Center of Gravity) & ^^ is the "Resulting Structure" (= Day's "Bone")

***Exit correspondents associated with Day 1, Day 2 & Day 3 structures are shown below**						**** Exits**
8:52a - 11:16a **|** Eye part 1 **|**	Thoracic duct	Kidney	LLS 1+2, p.1	LLS 5, p.1	RLS 8, p.1	Urethra
11:16a - 4:04p **|** Eye part 2 **|**	Parathyroids	Gallbladder	part 2	part 2	part 2	Armpits
4:04p - 12:52a **|** Eye part 3 **|**	Thyroid gland	Duodenum	part 3	part 3	part 3	Nipples
12:52a - 7:16a **|** Eye part 4 **|**	Cerebellum 2	Liver	part 4	part 4	part 4	Anus
7:16a - 8:04a **|** Eye part 5 **|**	Cerebrum 6	Lat.Vent.,L.F.	part 5	part 5	part 5	Eye
8:04a - 8:52a **|** Eye part 6 **|**	Cranial nerve IV	Nerve T2	part 6	part 6	part 6	Vagina

***** That which is formed is that which is needed to serve in altering organism structures to allow the organism to continually change to accord itself to its constantly altering universe.**

8:52 a.m. 7/2/1939 HUMAN as Bob or Pendulum from Crista Galli as Hook or Pivot for 7/15 - 7/17/2014

DAY 1 BOB HOOK COMPLEX is ETHMOID/Sphenoid BONE with breath through Nasolacrimal Duct (N.D.) & Superior Lacrimal Canaliculus to activate the Straight/Occipital Sinus thereby arranging the CINGULATE GYRUS to align LATERAL SEMICIRCULAR DUCT AMPULLA to form Lens, "muscles" are the superior-most 3-member set (19-21) of 3 equatorial zonular fibers per set.

DAY 2 BOB-A is SUPERIOR NASAL CONCHA/Radius Bone with 2nd component of breath through N.D. & Inferior Lacrimal Canaliculus to activate Cavernous Sinus 2 thereby arranging OCULOMOTOR NERVE (C.N. III) to continue proper gyrus function, muscles are the dilator, sphincter and orbitalis of the eye.

DAY 3 BOB HOOK COMPLEX AID (BOB-A) is S3/Mc DP5 with 3rd component of breath through Eustacean Tube to activate Posterior Semicircular Duct Ampulla thereby arranging SPINAL NERVE 7 (T3 Spinal Nerve) to continue proper gyrus function, muscles are as shown.

In order for the above described Bob Hook Complex to approach optimal function, there can be no mis-alignment of its associated bone, muscle and organ structures. In the lower set of boxed columns below, preceded in the upper set by the enabling breath tracts, and aligned to the 6 spectral energy time intervals in 24 hours at left, are the 6 spectral energy associated structures as correlated with each numbered bone further below in the dated boxes. The 3 dated boxes then show the associated bone scaffold for S3 with the muscles for each bone of the scaffold changing through the 3 dates to provide on-going bone adjustment.

TIME INTERVALS corresponding to the 6 periods in 24 hours in which energy need evolved from possible available ranges of spectral energy from radio to gamma rays:	1 Breath thru nasolacrimal duct into inferior lacrimal canaliculus to activate cavernous sinus 2 & Eye Apparatus:	2 Breath through Eustacean tube to activate mastoid cells and the	3 Breath through Eustacean tube to activate posterior semicircular duct ampulla and the	4 Breath through inferior nasal meatus & incisive canal to activate LLS 1+2:	5 Breath through middle nasal meatus & incisive canal to activate LLS 5:	6 Breath through superior nasal meatus & incisive canal to activate RLS 8:	EXIT ROUTES for unincor-porated wave lengths of spectral energy:
8:52am-11:16am >	Part 1 <lymph>	Thoracic Duct	Kidney	Part 1	Part 1	Part 1	urethra
11:16am-4:04pm >	Part 2 <blood>	Parathyroids	Gallbladder	Part 2	Part 2	Part 2	armpits
4:04pm-12:52am >	Part 3<hormone>	Thyroid Gland	Duodenum	Part 3	Part 3	Part 3	nipples
12:52am-7:16am >	Part 4 <DNA>	Cerebellum 2	Liver	Part 4	Part 4	Part 4	anus
7:16am-8:04am >	Part 5 <RNA>	Cerebrum 7	Lat.Vent., L.F.	Part 5	Part 5	Part 5	eye
8:04am-8:52am >	Part 6 <protein>	Cranial Nerve III	Nerve T3	Part 6	Part 6	Part 6	vagina

7/15/2014 DAY 1 BOB HOOK COMPLEX above is altered in connection with Bob Center, Upper 2nd Molar (by way of Tympanic Cells), through aegis of the Cingulate Gyrus.

Associated bones/muscles are (1) Superior Nasal Concha - eye's dilator muscle
(2) Radius - heart, anterior papillary
(3) S3 lateral cricoarytenoid
(4) Mc DP5 extensor carpi radialis brevis
(5) T4 levator veli palatini
(6) Mt DP5 adductor minimus

7/16/2014 Day 2 Bob-A below is altered in connection with Bob Center, Inferior Nasal Concha's overseen Series of Soft Tissue Structure (by way of Tympanic Cells) in conjunction with Cranial Nerve V (Trigeminal).

DAY 2 BOB-A > (1) SUPERIOR NASAL CONCHA - eye's sphincter muscle
Associated bones/muscles are (2) Radius - heart, septal papillary
(3) S3 superior oblique of eye
(4) Mc DP5 brachioradialis
(5) T4 salpingopharyngeus
(6) Mt DP5 gracilis

7/17/2014 Day 3 Bob Hook Complex Aid (Bob-A) below is altered in connection with Bob Center,

(1) Superior Nasal Concha - eye's orbitalis muscle
(2) Radius - heart, posterior papillary
(3) S3 > DAY 3 BOB-A posterior cricoarytenoid
(4) Mc DP5 extensor carpi radialis longus
(5) T4 tensor veli palatini
(6) Mt DP5 adductor magnus

the ear's Utricle in 3 parts for Days 1, 2 & 3.

PROCESS FOR ALTERING STRUCTURES
with the following occurances proposed as associated with progress toward optimal functioning

Read boxes from left to right	**Inhalation along given tracts "to" given structures,**	**Likely causes (1) eye tracts to receive spectral energy (with surrogate aid from 6 Exit correspondents*) & intake into**	**And (2) pressure (for alteration) on**	**Exhalation with no collapse of breath tract & structures,**	**Causes (1) pressure (for alteration) on**	**And (2)**	**And (3)**
Day 1 ^ = * see page bottom for each	Superior lacrimal canaliculi "to" Straight/ occipital sinuses**,**	Upper 2nd molars ^	Cingulate gyri ^^**;**	Sup.lac.can. & Straight/occipital sinuses & 6 Exit correspondents* & Upper 2nd molars ^ & Cingulate gyri ^^**,**	Upper 2nd molars ^ **And intake into** Cingulate gyri ^^	Breath "to" Straight/ occipital sinuses to disperse to receiving structures of the brain to serve during inhalation	Exhalation pressure brought to bear on 6 Exit correspondents* to precipitate that which*** will serve possible surrogate, specifically needed spectral energy roles during inhalation**;** unused "spectral energy" pressure of the breath cycle disperses to Exits**.
Day 2 ^ = * see below for each	Inferior lacrimal canaliculi "to" Cavernous sinuses 2**,** (+ CN V - Trigeminal)	As above but for Thoracic duct, parathyroids, thyroid glands + 3 others ^	As above but for the Superior nasal conchas ^^**;** Superior nasal conchas^^**,**	Inf. lac. can. & Cavernous sinuses 2 & 6 Exit correspondents* & Thoracic duct, etc. ^ &	Thoracic duct, parathyroids, thyroid glands + 3 others ^ (+ CN V) **& intake into** Superior nasal conchas^^	Breath "to" Cavernous sinuses 2 to disperse to receiving structures of the brain	As above
Day 3 ^ = * see below	Eustacean tubes "to" Posterior semicircular duct ampullas**,**	As above but for 3-part Utricle ^	As above but for S3 ^^**;** Utricle ^ & S3 ^^**,**	Post. semicir. duct ampullas & 6 Exit correspondents* & 3-part	3-part Utricle ^ **And intake into** S3 ^^	Breath "to" Posterior semicircular duct ampullas to disperse to receiving destinations	As above

Note: Maintain alignment of L5**/**pisiform, McSs2**/**incus, McSs1**/**hyoid, MtSs1**/**patella.

v / **^** = down / up arrows **Direction** of **Stretch** for **Muscles** on **Front** of **Page**

heart, anterior papillary - from anterior mitral or tricuspid valves' cusps toward anterior pectinate muscle
lateral cricoarytenoid - backward from along top of cricoid cartilage to outer base of arytenoid cartilage
extensor carpi radialis brevis - from outer bottom of humerus's lateral epicondyle to posterior base of Mc 3
levator veli palatini - down from temporal bone & auditory tube to meet same to form rearward soft palate
adductor minimus - upper part of adductor magnus described below

heart, septal papillary - from central/upper posterior wall of heart toward septal pectinate muscle
superior oblique of eye - from upper lateral eyeball to inside wall's trochlea on to common tendinous ring **v**
brachioradialis - from lowest outside of radius to lower midsection of lateral humerus around optic nerve
salpingopharyngeus - from lateral wall of pharynx at teeth level up to end of auditory tube cartilage
gracilis - from anterior medial tibia for brief length below medial condyle up to body & inferior ramus of pubis

heart, posterior papillary - from posterior mitral or tricuspid valves' cusps toward posterior pectinate muscle
posterior cricoarytenoid- up from along back midline of cricoid cartilage to outer base of arytenoid cartilage
extensor carpi radialis longus - downward from lower lateral humerus to posterior base of Mc 2 palate
tensor veli palatini - down from sphenoid bone & auditory tube & around hamulus to form forward part soft **^**
adductor magnus - from lower ishium/pubis to along middle posterior femur & medial epicondyle

^ & ^^ **:** ^ is Part 2's "Inroad Channel" (= Center of Gravity) & ^^ is the "Resulting Structure" (= Day's "Bone")

***Exit correspondents associated with Day 1, Day 2 & Day 3 structures are shown below**							**** Exits**
8:52a - 11:16a **|** Eye part 1 **|**	Thoracic duct	Kidney	LLS 1+2, p.1	LLS 5, p.1	RLS 8, p.1		Urethra
11:16a - 4:04p **|** Eye part 2 **|**	Parathyroids	Gallbladder	part 2	part 2	part 2		Armpits
4:04p - 12:52a **|** Eye part 3 **|**	Thyroid gland	Duodenum	part 3	part 3	part 3		Nipples
12:52a - 7:16a **|** Eye part 4 **|**	Cerebellum 2	Liver	part 4	part 4	part 4		Anus
7:16a - 8:04a **|** Eye part 5 **|**	Cerebrum 7	Lat.Vent.,L.F.	part 5	part 5	part 5		Eye
8:04a - 8:52a **|** Eye part 6 **|**	Cranial nerve III	Nerve T3	part 6	part 6	part 6		Vagina

***** That which is formed is that which is needed to serve in altering organism structures to allow the organism to continually change to accord itself to its constantly altering universe.**

8:52 a.m. 7/2/1939 HUMAN as Bob or Pendulum from Crista Galli as Hook or Pivot for 7/18 - 7/20/2014

DAY 1 BOB HOOK COMPLEX is Ethmoid/SPHENOID BONE with breath through Nasolacrimal Duct (N.D.) & Superior Lacrimal Canaliculus to activate the Straight/Occipital Sinus thereby arranging the LINGUAL GYRUS to align LATERAL SEMICIRCULAR DUCT AMPULLA to form Lens,
"muscles" are the upper, lateral quadrant 3-member set (22-24) of 3 equatorial zonular fibers per set.

DAY 2 BOB-A is HIGHEST NASAL CONCHA/Ulna Bone with 2nd component of breath through N.D. & Inferior Lacrimal Canaliculus to activate Cavernous Sinus 2 thereby arranging TROCHLEAR NERVE (C.N. IV) to continue proper gyrus function, muscles are the dilator, sphincter and orbitalis of the eye.

DAY 3 BOB HOOK COMPLEX AID (BOB-A) is C5/Mc DP2 with 3rd component of breath through Eustacean Tube to activate Posterior Semicircular Duct Ampulla thereby arranging SPINAL NERVE 8 (T4 Spinal Nerve) to continue proper gyrus function, muscles are as shown.

In order for the above described Bob Hook Complex to approach optimal function, there can be no mis-alignment of its associated bone, muscle and organ structures. In the lower set of boxed columns below, preceded in the upper set by the enabling breath tracts, and aligned to the 6 spectral energy time intervals in 24 hours at left, are the 6 spectral energy associated structures as correlated with each numbered bone further below in the dated boxes. The 3 dated boxes then show the associated bone scaffold for C5 with the muscles for each bone of the scaffold changing through the 3 dates to provide on-going bone adjustment.

TIME INTERVALS corresponding to the 6 periods in 24 hours in which energy need evolved from possible available ranges of spectral energy from radio to gamma rays:	1 Breath thru nasolacrimal duct into inferior lacrimal canaliculus to activate cavernous sinus 2 & Eye Apparatus:	2 Breath through Eustacean tube to activate mastoid cells and the	3 Breath through Eustacean tube to activate posterior semicircular duct ampulla and the	4 Breath through inferior nasal meatus & incisive canal to activate LLS 1+2:	5 Breath through middle nasal meatus & incisive canal to activate LLS 5:	6 Breath through superior nasal meatus & incisive canal to activate RLS 8:	EXIT ROUTES for unincor-porated wave lengths of spectral energy:
8:52am-11:16am >	Part 1 <lymph>	Thoracic Duct	Kidney	Part 1	Part 1	Part 1	urethra
11:16am-4:04pm >	Part 2 <blood>	Parathyroids	Gallbladder	Part 2	Part 2	Part 2	armpits
4:04pm-12:52am >	Part 3<hormone>	Thyroid Gland	Duodenum	Part 3	Part 3	Part 3	nipples
12:52am-7:16am >	Part 4 <DNA>	Cerebellum 2	Liver	Part 4	Part 4	Part 4	anus
7:16am-8:04am >	Part 5 <RNA>	Cerebrum 8	Lat.Vent., L.F.	Part 5	Part 5	Part 5	eye
8:04am-8:52am >	Part 6 <protein>	Cranial Nerve IV	Nerve T4	Part 6	Part 6	Part 6	vagina

7/18/2014 DAY 1 BOB HOOK COMPLEX above is altered in connection with Bob Center, Lower 2nd Molar (by way of Tympanic Cells), through aegis of the Lingual Gyrus.

Associated bones/muscles are (1) Highest Nasal Concha - eye's dilator muscle
(2) Ulna - heart, anterior pectinate

(3) C5
vocalis

(4) Mc DP2
extensor pollicis brevis

(5) Rib 4
tensor tympani

(6) Mt DP2
soleus, inner part

7/19/2014 Day 2 Bob Hook Complex Aid (Bob-A) below is altered in connection with Bob-Center, L1 (by way of Tympanic Cells), in conjunction with Cranial Nerve VI (Abducent).

DAY 2 BOB-A > (1) HIGHEST NASAL CONCHA - eye's sphincter muscle
Associated bones/muscles are (2) Ulna - heart, septal pectinate

(3) C5
oblique thyroarytenoid

(4) Mc DP2
extensor indicis

(5) Rib 4
uvula

(6) Mt DP2
popliteus

7/20/2014 Day 3 Bob Hook Complex Aid (Bob-A) below is altered in connection with Bob Center, the ear's Saccule in 3 parts for Days 1, 2 & 3.

(1) Highest Nasal Concha - eye's orbitalis muscle
(2) Ulna - heart, posterior pectinate

(3) C5 > DAY 3 BOB-A
thyroarytenoid

(4) Mc DP2
extensor pollicis longus

(5) Rib 4
stapedius

(6) Mt DP2
soleus, outer part

PROCESS FOR ALTERING STRUCTURES
with the following occurances proposed as associated with progress toward optimal functioning

Read boxes from left to right	**Inhalation along given tracts "to" given structures,**	**Likely causes (1) eye tracts to receive spectral energy (with surrogate aid from 6 Exit correspondents*) & intake into**	**And (2) pressure (for alteration) on**	**Exhalation with no collapse of breath tract & structures,**	**Causes (1) pressure (for alteration) on**	**And (2)**	**And (3)**
Day 1 ^ = * see page bottom for each	Superior lacrimal canaliculi "to" Straight/ occipital sinuses**,**	Lower 2nd molars ^	Lingual gyri ^^**;**	Sup.lac.can. & Straight/occipital sinuses & 6 Exit correspondents* & Lower 2nd molars ^ & Lingual gyri ^^**,**	Lower 2nd molars ^ **And intake into** Lingual gyri ^^	Breath "to" Straight/ occipital sinuses to disperse to receiving structures of the brain to serve during inhalation	Exhalation pressure brought to bear on 6 Exit correspondents* to precipitate that which*** will serve possible surrogate, specifically needed spectral energy roles during inhalation**;** unused "spectral energy" pressure of the breath cycle disperses to Exits**.**
Day 2 ^ = * see below for each	Inferior lacrimal canaliculi "to" Cavernous sinuses 2**,**	As above but for L1 ^ (+ CN VI, i.e. Cranial nerve VI, Abducent)	As above but for the Highest nasal conchas ^^**;**	Inf. lac. can. & Cavernous sinuses 2 & 6 Exit correspondents* & L1 ^ (+ CN VI) & Highest nasal conchas ^^**,**	L1 ^ (+ CN VI) **And intake into** Highest nasal conchas ^^	Breath "to" Cavernous sinuses 2 to disperse to receiving structures of the brain	As above
Day 3 ^ = * see below	Eustacean tubes "to" Posterior semicircular duct ampullas**,**	As above but for 3-part Saccule ^	As above but for C5 ^^**;**	Post. semicir. duct ampullas & 6 Exit correspondents* & 3-part Saccule ^ & C5 ^^**,**	3-part Saccule ^ **And intake into** C5 ^^	Breath "to" Posterior semicircular duct ampullas to disperse to receiving destinations	As above

Note: Maintain alignment of L5**/**pisiform, McSs2**/**incus, McSs1**/**hyoid, MtSs1**/**patella.

^ = up arrow **Direction** of **Stretch** for **Muscles** on **Front** of **Page**

heart, anterior pectinate - from anterior papillary muscle to anterior medial wall of heart
vocalis - from front medial inner wall of thyroid cartilage toward vocal process of arytenoid cartilage
extensor pollicis brevis - from lower posterior interosseous membrane & radius to posterior base of Mc PP1
tensor tympani - from above & parallel to Eustacean tube into tendon dropping to manubrium of malleus
soleus, inner - from near posterior lateral tibia top as oblique line down across tibia into Achilles tendon

heart, septal pectinate - from septal papillary muscle to septal mitral or tricuspid valves' cusps | muscle
oblique thyroarytenoid - from arytenoid cartilage outer base curving forward up across outer thyroarytenoid **^**
extensor indicis -from posterior bases of Mc DP2 & MP2 to lower posterior interosseous membrane and ulna
uvula - from the palatine uvula mass of tissue toward the posterior palatine bone | lateral epicondyle
popliteus - from posterior medial upper tibia's down-pointing wedge above the soleal line to femur's **^**

heart, posterior pectinate - from posterior papillary muscle to lower posterior wall of heart
thyroarytenoid - lateral to the vocalis muscle (see above) toward muscular process of the arytenoid cartilage
extensor pollicis longus - from middle posterior ulna & interosseous membrane to posterior base of Mc DP1
stapedius - from pyramidal eminence medial to mastoid process to head of stapes/incus long arm juncture
soleus, outer - from top 1/3 of posterior fibula into calcaneal (Achilles) tendon to top of calcaneal tuberosity

^ & ^^ **:** ^ is Part 2's "Inroad Channel" (= Center of Gravity) & ^^ is the "Resulting Structure" (= Day's "Bone")

***Exit correspondents associated with Day 1, Day 2 & Day 3 structures are shown below**					**** Exits**
8:52a - 11:16a **|** Eye part 1 **|** Thoracic duct	Kidney	LLS 1+2, p.1	LLS 5, p.1	RLS 8, p.1	Urethra
11:16a - 4:04p **|** Eye part 2 **|** Parathyroids	Gallbladder	part 2	part 2	part 2	Armpits
4:04p - 12:52a **|** Eye part 3 **|** Thyroid gland	Duodenum	part 3	part 3	part 3	Nipples
12:52a - 7:16a **|** Eye part 4 **|** Cerebellum 2	Liver	part 4	part 4	part 4	Anus
7:16a - 8:04a **|** Eye part 5 **|** Cerebrum 8	Lat.Vent.,L.F.	part 5	part 5	part 5	Eye
8:04a - 8:52a **|** Eye part 6 **|** Cranial nerve IV	Nerve T4	part 6	part 6	part 6	Vagina

***** That which is formed is that which is needed to serve in altering organism structures to allow the organism to continually change to accord itself to its constantly altering universe.**

8:52 a.m. 7/2/1939 HUMAN as Bob or Pendulum from Crista Galli as Hook or Pivot for 7/21 - 7/23/2014

DAY 1 BOB HOOK COMPLEX is ETHMOID/Sphenoid BONE with breath through Nasolacrimal Duct (N.D.) & Superior Lacrimal Canaliculus to activate the Superior Petrosal Sinus thereby arranging the INFERIOR FRONTAL GYRUS to align UTRICLE OF THE EAR to form Lens,
"muscles" are the upper, lateral quadrant 3-member set (25-27) of 3 equatorial zonular fibers per set.

DAY 2 BOB-A is SUPERIOR NASAL CONCHA/Triquetrum Bone with 2nd component of breath through N.D. & Inferior Lacrimal Canaliculus to activate Cavernous Sinus 3 thereby arranging TRIGEMINAL NERVE (C.N. V) to continue proper gyrus function, muscles are the dilator, sphincter and orbitalis of the eye.

DAY 3 BOB HOOK COMPLEX AID (BOB-A) is S2/Mc 4 with 3rd component of breath through Eustacean Tube to activate Lateral Semicircular Duct Ampulla thereby arranging SPINAL NERVE 9 (T5 Spinal Nerve) to continue proper gyrus function, muscles are as shown.

In order for the above described Bob Hook Complex to approach optimal function, there can be no mis-alignment of its associated bone, muscle and organ structures. In the lower set of boxed columns below, preceded in the upper set by the enabling breath tracts, and aligned to the 6 spectral energy time intervals in 24 hours at left, are the 6 spectral energy associated structures as correlated with each numbered bone further below in the dated boxes. The 3 dated boxes then show the associated bone scaffold for S2 with the muscles for each bone of the scaffold changing through the 3 dates to provide on-going bone adjustment.

TIME INTERVALS corresponding to the 6 periods in 24 hours in which energy need evolved from possible available ranges of spectral energy from radio to gamma rays:	1 Breath thru nasolacrimal duct into inferior lacrimal canaliculus to activate cavernous sinus 3 & Eye Apparatus:	2 Breath through middle nasal meatus to activate maxillary sinus and the	3 Breath through Eustacean tube to activate lateral semicircular duct ampulla and the	4 Breath through inferior nasal meatus & incisive canal to activate RLS 2:	5 Breath through middle nasal meatus & incisive canal to activate RLS 5:	6 Breath through superior nasal meatus & incisive canal to activate LLS 9:	EXIT ROUTES for unincor-porated wave lengths of spectral energy:
8:52am-11:16am >	Part 1 <lymph>	Peyer's Patches	Kidney	Part 1	Part 1	Part 1	urethra
11:16am-4:04pm >	Part 2 <blood>	Aorta	Gallbladder	Part 2	Part 2	Part 2	armpits
4:04pm-12:52am >	Part 3<hormone>	Pyloric Gland	Duodenum	Part 3	Part 3	Part 3	nipples
12:52am-7:16am >	Part 4 <DNA>	Cerebellum 3	Liver	Part 4	Part 4	Part 4	anus
7:16am-8:04am >	Part 5 <RNA>	Cerebrum 9	Lat.Vent., R.B.	Part 5	Part 5	Part 5	eye
8:04am-8:52am >	Part 6 <protein>	Cranial Nerve V	Nerve T5	Part 6	Part 6	Part 6	vagina

7/21/2014 DAY 1 BOB HOOK COMPLEX above is altered in connection with Bob Center, Upper 1st Molar (by way of Maxillary Sinus), through aegis of the Inferior Frontal Gyrus.

Associated bones/muscles are (1) Superior Nasal Concha - eye's dilator muscle
(2) Triquetrum - esophagus, longitudinal fibers

(3) S2
nasalis, alar part

(4) Mc 4
trapezius, frontmost part

(5) T5
longissimus capitis

(6) Mt 4
adductor hallucis, oblique head

7/22/2014 Day 2 Bob-A below is altered in connection with Bob Center, Inferior Nasal Concha's overseen Series of Soft Tissue Structure (by way of Tympanic Cells) in conjunction with Cranial Nerve V (Trigeminal).

DAY 2 BOB-A > (1) SUPERIOR NASAL CONCHA - eye's sphincter muscle
Associated bones/muscles are (2) Triquetrum - esophagus, circular fibers

(3) S2
inferior rectus of eye

(4) Mc 4
pectoralis, abdominal part

(5) T5
spinalis capitis & cervicis

(6) Mt 4
abductor hallucis

7/23/2014 Day 3 Bob Hook Complex Aid (Bob-A) below is altered in connection with Bob Center, the ear's Hair Cells in 3 parts for Days 1, 2 & 3.

(1) Superior Nasal Concha - eye's orbitalis muscle
(2) Triquetrum - esophagus, muscularis mucosa

(3) S2 > DAY 3 BOB-A
nasalis, transverse part

(4) Mc 4
deltoid, frontmost part

(5) T5
iliocostalis thoracis & cervicis

(6) Mt 4
adductor hallucis, transverse head

PROCESS FOR ALTERING STRUCTURES
with the following occurances proposed as associated with progress toward optimal functioning

Read boxes from left to right	**Inhalation along given tracts "to" given structures,**	**Likely causes (1) eye tracts to receive spectral energy (with surrogate aid from 6 Exit correspondents*) & intake into**	**And (2) pressure (for alteration) on**	**Exhalation with no collapse of breath tract & structures,**	**Causes (1) pressure (for alteration) on**	**And (2)**	**And (3)**
Day 1 ^ = * see page bottom for each	Superior lacrimal canaliculi "to" Superior petrosal sinuses**,**	Upper 1st molars ^	Inferior frontal gyri ^^**;**	Sup.lac.can. & Sup. petrosal sinuses & 6 Exit correspondents* & Upper 1st molars ^ & Inferior frontal gyri ^^**,**	Upper 1st molars ^ **And intake into** Inferior frontal gyri ^^	Breath "to" Superior petrosal sinuses to disperse to receiving structures of the brain to serve during inhalation	Exhalation pressure brought to bear on 6 Exit correspondents* to precipitate that which*** will serve possible surrogate, specifically needed spectral energy roles during inhalation**;** unused "spectral energy" pressure of the breath cycle disperses to Exits****.**
Day 2 ^ = * see below for each	Inferior lacrimal canaliculi "to" Cavernous sinuses 3**,** (+ CN V - Trigeminal)	As above but for Thoracic duct, parathyroids, thyroid glands + 3 others ^	As above but for the Superior nasal conchas ^^**;** Superior nasal conchas^^**,**	Inf. lac. can. & Cavernous sinuses 3 & 6 Exit correspondents* & Thoracic duct, etc. ^ &	Thoracic duct, parathyroids, thyroid glands + 3 others ^ (+ CN V) **& intake into** Superior nasal conchas^^	Breath "to" Cavernous sinuses 3 to disperse to receiving structures of the brain	As above
Day 3 ^ = * see below	Eustacean tubes "to" Lateral semicircular duct ampullas**,**	As above but for 3-item Hair cells ^	As above but for S2 ^^**;**	Lat.semi.duct ampullas & & 6 Exit correspondents* & 3-item Hair cells ^ & S2 ^^**,**	3-item Hair cells ^ **And intake into** S2 ^^	Breath "to" Lateral semicircular duct ampullas to disperse to receiving destinations	As above

v = down arrow **Direction of Stretch for Muscles on Front of Page**

esophagus, longitudinal fibers - 1st fiber from anterior beginning to anterior end, then parallel rows around **v**
nasalis, alar part - from maxilla in area of lateral incisor tooth to posterior wing of nostril's cartilage in 24 hours
trapezius, frontmost part - from medial occipital's superior nuchal line to upper border of lateral clavicle
longissimus capitis - from T5-T1 transverse & C7-C4 articular processes to mastoid process
adductor hallucis, oblique head - from Mt 4/3/2 bases & fibularis longus tendon to lateral MtSs1/Mt PP1 base

esophagus, circular fibers - from posterior end to make around-circling bands along to posterior beginning
inferior rectus of eye - from inferior surface of eyeball to common tendinous ring around optic nerve
pectoralis, abdominal part - from anterior lateral upper humerus to rib 6-7 coastal cartilage area
spinalis capitis & cervicis - from occipital bone & C2-C4 spinous processes down to those of C4-C7 & T1-T2
abductor hallucis - from medial plantar base of Mt PP1 to area of medial side of heel

esophagus, innermost fibers - from area of end of last circular fiber with bunched origin of oblique fibers progressing medially to esophagus anterior beginning, 1st fibers curving laterally away, with next fiber arcs straightening toward a final fiber back to anterior end of esophagus to area of 1st longitudinal fiber end
nasalis, transverse part - from maxilla bone at side of nostril slanting up to bridge of nose
deltoid, frontmost part - from lower border of lateral clavicle to just above mid-lateral humerus
iliocostalis thoracis & cervicis - from ribs 12-3 angles out &up to ribs 6-1 angles & C7-4 transverse processes
adductor hallucis, transverse head - from ligaments of Mt PP5/4/3 bases to lateral MtSs1/MtPP1 base

^ & ^^ **:** ^ is Part 2's "Inroad Channel" (= Center of Gravity) & ^^ is the "Resulting Structure" (= Day's "Bone")

***Exit correspondents associated with Day 1, Day 2 & Day 3 structures are shown below**						**** Exits**
8:52a - 11:16a **|** Eye part 1 **|**	Peyer's patches	Kidney	RLS 2, p.1	RLS 5, p.1	LLS 9, p.1	Urethra
11:16a - 4:04p **|** Eye part 2 **|**	Aorta	Gallbladder	part 2	part 2	part 2	Armpits
4:04p - 12:52a **|** Eye part 3 **|**	Pyloric gland	Duodenum	part 3	part 3	part 3	Nipples
12:52a - 7:16a **|** Eye part 4 **|**	Cerebellum 3	Liver	part 4	part 4	part 4	Anus
7:16a - 8:04a **|** Eye part 5 **|**	Cerebrum 9	Lat.Vent.,R.B.	part 5	part 5	part 5	Eye
8:04a - 8:52a **|** Eye part 6 **|**	Cranial nerve V	Nerve T5	part 6	part 6	part 6	Vagina

***** Being that which is needed to allow constant organism alteration for constant universe change.**

8:52 a.m. 7/2/1939 HUMAN as Bob or Pendulum from Crista Galli as Hook or Pivot for 7/24 - 7/26/2014

DAY 1 BOB HOOK COMPLEX is Ethmoid/SPHENOID BONE with breath through Nasolacrimal Duct (N.D.) & Superior Lacrimal Canaliculus to activate the Superior Petrosal Sinus thereby arranging the INFERIOR FRONTAL GYRUS, OPERCULAR PART to align UTRICLE OF THE EAR to form Lens, "muscles" are the upper, lateral quadrant 3-member set (28-30) of 3 equatorial zonular fibers per set.

DAY 2 BOB-A is HIGHEST NASAL CONCHA/Pisiform Bone with 2nd component of breath through N.D. & Inferior Lacrimal Canaliculus to activate Cavernous Sinus 3 thereby arranging ABDUCENT NERVE (C.N. VI) to continue proper gyrus function, muscles are the dilator, sphincter and orbitalis of the eye.

DAY 3 BOB HOOK COMPLEX AID (BOB-A) is C6/Scaphoid Bone with 3rd component of breath through Eustacean Tube to activate Lateral Semicircular Duct Ampulla thereby arranging SPINAL NERVE 10 (T6 Spinal Nerve) to continue proper gyrus function, muscles are as shown.

In order for the above described Bob Hook Complex to approach optimal function, there can be no mis-alignment of its associated bone, muscle and organ structures. In the lower set of boxed columns below, preceded in the upper set by the enabling breath tracts, and aligned to the 6 spectral energy time intervals in 24 hours at left, are the 6 spectral energy associated structures as correlated with each numbered bone further below in the dated boxes. The 3 dated boxes then show the associated bone scaffold for C6 with the muscles for each bone of the scaffold changing through the 3 dates to provide on-going bone adjustment.

TIME INTERVALS corresponding to the 6 periods in 24 hours in which energy need evolved from possible available ranges of spectral energy from radio to gamma rays:	**1** Breath thru nasolacrimal duct into inferior lacrimal canaliculus to activate cavernous sinus 3 & Eye Apparatus:	**2** Breath through middle nasal meatus to activate maxillary sinus and the	**3** Breath through Eustacean tube to activate lateral semicircular duct ampulla and the	**4** Breath through inferior nasal meatus & incisive canal to activate RLS 2:	**5** Breath through middle nasal meatus & incisive canal to activate RLS 5:	**6** Breath through superior nasal meatus & incisive canal to activate LLS 9:	**EXIT ROUTES** for unincor-porated wave lengths of spectral energy:
8:52am-11:16am >	Part 1 <lymph>	Peyer's Patches	Kidney	Part 1	Part 1	Part 1	urethra
11:16am-4:04pm >	Part 2 <blood>	Aorta	Gallbladder	Part 2	Part 2	Part 2	armpits
4:04pm-12:52am >	Part 3<hormone>	Pyloric Gland	Duodenum	Part 3	Part 3	Part 3	nipples
12:52am-7:16am >	Part 4 <DNA>	Cerebellum 3	Liver	Part 4	Part 4	Part 4	anus
7:16am-8:04am >	Part 5 <RNA>	Cerebrum 10	Lat.Vent., R.B.	Part 5	Part 5	Part 5	eye
8:04am-8:52am >	Part 6 <protein>	Cranial Nerve VI	Nerve T6	Part 6	Part 6	Part 6	vagina

7/24/2014 DAY 1 BOB HOOK COMPLEX above is altered in connection with Bob Center, Lower 1st Molar (by way of Maxillary Sinus), through aegis of Inferior Frontal Gyrus, Opercular Part.

Associated bones/muscles are (1) Highest Nasal Concha - eye's dilator muscle
(2) Pisiform - stomach, outer longitudinal layer

(3) C6
orbicularis oculi, palpebral part

(4) Scaphoid
teres minor

(5) Rib 5
interspinalis cervicis

(6) Navicular
abductor digiti minimi, medial

7/25/2014 Day 2 Bob Hook Complex Aid (Bob-A) below is altered in connection with Bob-Center, L1 (by way of Tympanic Cells), in conjunction with Cranial Nerve VI (Abducent).

DAY 2 BOB-A > (1) HIGHEST NASAL CONCHA - eye's sphincter muscle
Associated bones/muscles are (2) Pisiform - stomach, middle circular layer

(3) C6
depressor supercilii

(4) Scaphoid
latissimus dorsi

(5) Rib 5
oblique capitis inferior

(6) Navicular
opponens digiti minimi

7/26/2014 Day 3 Bob Hook Complex Aid (Bob-A) below is altered in connection with Bob Center, the ear's Semicircular Ducts in 3 parts for Days 1, 2 & 3.

(1) Highest Nasal Concha - eye's orbitalis muscle
(2) Pisiform - stomach, inner oblique layer

(3) C6 > DAY 3 BOB-A
orbicularis oculi, orbital part

(4) Scaphoid
teres major

(5) Rib 5
interspinalis lumborum

(6) Navicular
abductor digiti minimi, lateral

PROCESS FOR ALTERING STRUCTURES
with the following occurances proposed as associated with progress toward optimal functioning

Read boxes from left to right	**Inhalation along given tracts "to" given structures,**	**Likely causes (1) eye tracts to receive spectral energy (with surrogate aid from 6 Exit correspondents*) & intake into**	**And (2) pressure (for alteration) on**	**Exhalation with no collapse of breath tract & structures,**	**Causes (1) pressure (for alteration) on**	**And (2)**	**And (3)**
Day 1 ^ = * see page bottom for each	Superior lacrimal canaliculi "to" Superior petrosal sinuses**,**	Lower 1st molars ^	Inferior frontal gyri, opercular part ^^**;**	Sup.lac.can. & Sup. petrosal sinuses & 6 Exit correspondents* & Lower 1st molars^ & Inferior frontal gyri, opercular part ^^**,**	Lower 1st molars ^ **And intake into** Inferior frontal gyri, opercular part ^^	Breath "to" Superior petrosal sinuses to disperse to receiving structures of the brain to serve during inhalation	Exhalation pressure brought to bear on 6 Exit correspondents* to precipitate that which*** will serve possible surrogate, specifically needed spectral energy roles during inhalation**;** unused "spectral energy" pressure of the breath cycle disperses to Exits****.**
Day 2 ^ = * see below for each	Inferior lacrimal canaliculi "to" Cavernous sinuses 3**,**	As above but for L1 ^ (+ CN VI, i.e. Cranial nerve VI, Abducent)	As above but for the Highest nasal conchas ^^**;**	Inf. lac. can. & Cavernous sinuses 3 & 6 Exit correspondents* & L1 ^ (+ CN VI) & Highest nasal conchas ^^**,**	L1 ^ (+ CN VI) **And intake into** Highest nasal conchas ^^	Breath "to" Cavernous sinuses 3 to disperse to receiving structures of the brain	As above
Day 3 ^ = * see below	Eustacean tubes "to" Lateral semicircular duct ampullas**,**	As above but for 3 Semicircular ducts ^	As above but for C6 ^^**;**	Lat.semi.duct ampullas & & 6 Exit correspondents* & 3 Semicircular ducts ^ & C6 ^^**,**	3 Semicircular ducts ^ **And intake into** C6 ^^	Breath "to" Lateral semicircular duct ampullas to disperse to receiving destinations	As above

^ / **v** = up / down arrows **Direction** of **Stretch** for **Muscles** on **Front** of **Page**

~ = line continuance in this section

lel fibers originating around esophageal juncture in 24 hours
stomach, outer longitudinal - from front of esophagus/stomach juncture to stomach/pylorus juncture, paral- **^**
orbicularis oculi, palpebral part - muscle forming eyelids from area of medial palpable ligament on around
teres minor - from scapula's posterior middle-upper lateral border to humerus's posterior greater tubercle
interspinalis cervicis - from lower spinous processes of cervical vertebrae to higher
side of Mt PP5 base
abductor digiti minimi, medial - from between lateral & medial processes of calcaneus tuberosity to lateral **^**
stomach, middle circular - around pylorus from back, fibers then circling in bands from back progressing to **v**
depressor supercilii - from lower forehead to medial palpebral ligament in medial corner of eye
fundus
latissimus dorsi - from most upper central anterior humerus around to lower thoracic / lumbar / sacral spine
oblique capitis inferior- from C1 transverse process to C2 spinous process
opponens digiti minimi - from lateral side of Mt PP5 base back to most lateral fibers of Mt 5 base
stomach, inner oblique layer - from fundus peak obliquely toward lateral wall, similar rows back to (**~** below)
orbicularis oculi, orbital part - outer muscle around eyelids from area of medial palpable ligament on around
teres major - from scapula's posterior lower lateral border to most upper medial anterior humerus
interspinalis lumborum - from lower spinous processes of lumbar vertebrae to higher
abductor digiti minimi, lateral - from lateral process of calcaneus tuberosity to lateral side of Mt PP5 base
~ cardiac notch, with last row along the inner curve of stomach to the 1st longitudinal fiber's end area

^ & ^^ **:** ^ is Part 2's "Inroad Channel" (= Center of Gravity) & ^^ is the "Resulting Structure" (= Day's "Bone")

***Exit correspondents associated with Day 1, Day 2 & Day 3 structures are shown below**					**** Exits**
8:52a - 11:16a **|** Eye part 1 **|** Peyer's patches	Kidney	RLS 2, p.1	RLS 5, p.1	LLS 9, p.1	Urethra
11:16a - 4:04p **|** Eye part 2**|** Aorta	Gallbladder	part 2	part 2	part 2	Armpits
4:04p - 12:52a **|** Eye part 3**|** Pyloric gland	Duodenum	part 3	part 3	part 3	Nipples
12:52a - 7:16a **|** Eye part 4**|** Cerebellum 3	Liver	part 4	part 4	part 4	Anus
7:16a - 8:04a **|** Eye part 5**|** Cerebrum 10	Lat.Vent.,R.B.	part 5	part 5	part 5	Eye
8:04a - 8:52a **|** Eye part 6**|** Cranial nerve VI	Nerve T6	part 6	part 6	part 6	Vagina

***** Being that which is needed to allow constant organism alteration for constant universe change.**

8:52 a.m. 7/2/1939 HUMAN as Bob or Pendulum from Crista Galli as Hook or Pivot for 7/27 - 7/29/2014

DAY 1 BOB HOOK COMPLEX is ETHMOID/Sphenoid BONE with breath through Nasolacrimal Duct (N.D.) & Superior Lacrimal Canaliculus to activate the Superior Petrosal Sinus thereby arranging the INFERIOR FRONTAL GYRUS to align UTRICLE OF THE EAR to form Lens,
"muscles" are the upper, lateral quadrant 3-member set (25-27) of 3 equatorial zonular fibers per set.

DAY 2 BOB-A is SUPERIOR NASAL CONCHA/Triquetrum with 2nd component of breath through N.D. & Inferior Lacrimal Canaliculus to activate Cavernous Sinus 3 thereby arranging TRIGEMINAL NERVE (C.N. V) to continue proper gyrus function, muscles are the dilator, sphincter and orbitalis of the eye.

DAY 3 BOB HOOK COMPLEX AID (BOB-A) is Superior Nasal Concha/TRIQUETRUM BONE with 3rd component of breath through Middle Nasal Meatus to activate Maxillary Sinus thereby arranging SPINAL NERVE 9 (T5 Spinal Nerve) to continue proper gyrus function, muscles are as shown.

In order for the above described Bob Hook Complex to approach optimal function, there can be no misalignment of its associated bone, muscle and organ structures. In the lower set of boxed columns, preceded in the upper set by the enabling breath tracts, and aligned to the 6 spectral energy time intervals in 24 hours at left, are the 6 spectral energy associated structures as correlated with each numbered bone further below in the dated boxes. The 3 dated boxes then show the associated bone scaffold for the Triquetrum with the muscles for each bone of the scaffold changing through the 3 dates to provide on-going bone adjustment.

TIME INTERVALS corresponding to the 6 periods in 24 hours in which energy need evolved from possible available ranges of spectral energy from radio to gamma rays:	1 Breath thru nasolacrimal duct into inferior lacrimal canaliculus to activate cavernous sinus 3 & Eye Apparatus:	2 Breath through middle nasal meatus to activate maxillary sinus and the	3 Breath through Eustacean tube to activate lateral semicircular duct ampulla and the	4 Breath through inferior nasal meatus & incisive canal to activate RLS 2:	5 Breath through middle nasal meatus & incisive canal to activate RLS 5:	6 Breath through superior nasal meatus & incisive canal to activate LLS 9:	EXIT ROUTES for unincorporated wave lengths of spectral energy:
8:52am-11:16am >	Part 1 <lymph>	Peyer's Patches	Kidney	Part 1	Part 1	Part 1	urethra
11:16am-4:04pm >	Part 2 <blood>	Aorta	Gallbladder	Part 2	Part 2	Part 2	armpits
4:04pm-12:52am >	Part 3<hormone>	Pyloric Gland	Duodenum	Part 3	Part 3	Part 3	nipples
12:52am-7:16am >	Part 4 <DNA>	Cerebellum 3	Liver	Part 4	Part 4	Part 4	anus
7:16am-8:04am >	Part 5 <RNA>	Cerebrum 9	Lat.Vent., R.B.	Part 5	Part 5	Part 5	eye
8:04am-8:52am >	Part 6 <protein>	Cranial Nerve V	Nerve T5	Part 6	Part 6	Part 6	vagina

7/27/2014 DAY 1 BOB HOOK COMPLEX above is altered in connection with Bob Center, UPPER 1st MOLAR (by way of Maxillary Sinus), through aegis of the Inferior Frontal Gyrus.

Associated bones/muscles are (1) Superior Nasal Concha - eye's dilator muscle
(2) Triquetrum - esophagus, longitudinal fibers

(3) S2
nasalis, alar part

(4) Mc 4
trapezius, frontmost part

(5) T5
longissimus capitis

(6) Mt 4
adductor hallucis, oblique head

7/28/2014 Day 2 Bob-A below is altered in connection with Bob Center, Inferior Nasal Concha's overseen Series of Soft Tissue Structure (by way of Tympanic Cells) in conjunction with Cranial Nerve V (Trigeminal).

DAY 2 BOB-A > (1) SUPERIOR NASAL CONCHA - eye's sphincter muscle
Associated bones/muscles are (2) Triquetrum - esophagus, circular fibers

(3) S2
inferior rectus of eye

(4) Mc 4
pectoralis, abdominal part

(5) T5
spinalis capitis & cervicis

(6) Mt 4
abductor hallucis

7/29/2014 Day 3 Bob Hook Complex Aid (Bob-A) below is altered in connection with Bob Center,
(1) Superior Nasal Concha-eye's orbitalis muscle **Trochlear Nerve.**

DAY 3 BOB-A > (2) TRIQUETRUM - esophagus, muscularis mucosa

(3) S2
nasalis, transverse part

(4) Mc 4
deltoid, frontmost part

(5) T5
iliocostalis thoracis & cervicis

(6) Mt 4
adductor hallucis, transverse head

PROCESS FOR ALTERING STRUCTURES
with the following occurances proposed as associated with progress toward optimal functioning

Read boxes from left to right	**Inhalation along given tracts "to" given structures,**	**Likely causes (1) eye tracts to receive spectral energy (with surrogate aid from 6 Exit correspondents*) & intake into**	**And (2) pressure (for alteration) on**	**Exhalation with no collapse of breath tract & structures,**	**Causes (1) pressure (for alteration) on**	**And (2)**	**And (3)**
Day 1 ^ = * see page bottom for each	Superior lacrimal canaliculi "to" Superior petrosal sinuses**,**	Upper 1st molars ^	Inferior frontal gyri ^^**;**	Sup.lac.can. & Sup. petrosal sinuses & 6 Exit correspondents* & Upper 1st molars ^ & Inferior frontal gyri ^^**,**	Upper 1st molars ^ **And intake into** Inferior frontal gyri ^^	Breath "to" Superior petrosal sinuses to disperse to receiving structures of the brain to serve during inhalation	Exhalation pressure brought to bear on 6 Exit correspondents* to precipitate that which*** will serve possible surrogate, specifically needed spectral energy roles during inhalation**;** unused "spectral energy" pressure of the breath cycle disperses to Exits**.
Day 2 ^ = * see below for each	Inferior lacrimal canaliculi "to" Cavernous sinuses 3**,** (+ CN V - Trigeminal)	As above but for Thoracic duct, parathyroids, thyroid glands + 3 others ^	As above but for the Superior nasal conchas ^^**;** Superior nasal conchas^^**,**	Inf. lac. can. & Cavernous sinuses 3 & 6 Exit correspondents* & Thoracic duct, etc. ^ &	Thoracic duct parathyroids, thyroid glands + 3 others ^ (+ CN V) **& intake into** Superior nasal conchas^^	Breath "to" Cavernous sinuses 3 to disperse to receiving structures of the brain	As above
Day 3 ^ = * see below	Middle nasal meatus "to" Maxillary sinus**,**	As above but for the Trochlear nerve ^	As above but for the Triquetrums ^^**;** nerve ^ & Triquetrums ^^**,**	Maxillary sin. & 6 Exit correspondents* & Trochlear	Trochlear nerve ^ **& intake into** Triquetrums ^^	Breath "to" Maxillary sinus to disperse to receiving destinations	As above

v = down arrow **Direction of Stretch for Muscles on Front of Page**

esophagus, longitudinal fibers - 1st fiber from anterior beginning to anterior end, then parallel rows around **v**
nasalis, alar part - from maxilla in area of lateral incisor tooth to posterior wing of nostril's cartilage in 24 hours
trapezius, frontmost part - from medial occipital's superior nuchal line to upper border of lateral clavicle
longissimus capitis - from T5-T1 transverse & C7-C4 articular processes to mastoid process
adductor hallucis, oblique head - from Mt 4/3/2 bases & fibularis longus tendon to lateral MtSs1/Mt PP1 base

esophagus, circular fibers - from posterior end to make around-circling bands along to posterior beginning
inferior rectus of eye - from inferior surface of eyeball to common tendinous ring around optic nerve
pectoralis, abdominal part - from anterior lateral upper humerus to rib 6-7 coastal cartilage area
spinalis capitis & cervicis - from occipital bone & C2-C4 spinous processes down to those of C4-C7 & T1-T2
abductor hallucis - from medial plantar base of Mt PP1 to area of medial side of heel

esophagus, innermost fibers - from area of end of last circular fiber with bunched origin of oblique fibers progressing medially to esophagus anterior beginning, 1st fibers curving laterally away, with next fiber arcs straightening toward a final fiber back to anterior end of esophagus to area of 1st longitudinal fiber end
nasalis, transverse part - from maxilla bone at side of nostril slanting up to bridge of nose
deltoid, frontmost part - from lower border of lateral clavicle to just above mid-lateral humerus
iliocostalis thoracis & cervicis - from ribs 12-3 angles out &up to ribs 6-1 angles & C7-4 transverse processes
adductor hallucis, transverse head - from ligaments of Mt PP5/4/3 bases to lateral MtSs1/MtPP1 base

^ & ^^ **:** ^ is Part 2's "Inroad Channel" (= Center of Gravity) & ^^ is the "Resulting Structure" (= Day's "Bone")

***Exit correspondents associated with Day 1, Day 2 & Day 3 structures are shown below**						** Exits
8:52a - 11:16a **|** Eye part 1**|**	Peyer's patches	Kidney	RLS 2, p.1	RLS 5, p.1	LLS 9, p.1	Urethra
11:16a - 4:04p **|** Eye part 2**|**	Aorta	Gallbladder	part 2	part 2	part 2	Armpits
4:04p - 12:52a **|** Eye part 3**|**	Pyloric gland	Duodenum	part 3	part 3	part 3	Nipples
12:52a - 7:16a **|** Eye part 4**|**	Cerebellum 3	Liver	part 4	part 4	part 4	Anus
7:16a - 8:04a **|** Eye part 5**|**	Cerebrum 9	Lat.Vent.,R.B.	part 5	part 5	part 5	Eye
8:04a - 8:52a **|** Eye part 6**|**	Cranial nerve V	Nerve T5	part 6	part 6	part 6	Vagina

*** **Being that which is needed to allow constant organism alteration for constant universe change.**

8:52 a.m. 7/2/1939 HUMAN as Bob or Pendulum from Crista Galli as Hook or Pivot for 7/30 - 8/1/2014

DAY 1 BOB HOOK COMPLEX is Ethmoid/SPHENOID BONE with breath through Nasolacrimal Duct (N.D.) & Superior Lacrimal Canaliculus to activate the Superior Petrosal Sinus thereby arranging the INFERIOR FRONTAL GYRUS, OPERCULAR PART to align UTRICLE OF THE EAR to form Lens, "muscles" are the upper, lateral quadrant 3-member set (28-30) of 3 equatorial zonular fibers per set.

DAY 2 BOB-A is HIGHEST NASAL CONCHA/Pisiform Bone with 2nd component of breath through N.D. & Inferior Lacrimal Canaliculus to activate Cavernous Sinus 3 thereby arranging ABDUCENT NERVE (C.N. VI) to continue proper gyrus function, muscles are the dilator, sphincter and orbitalis of the eye.

DAY 3 BOB HOOK COMPLEX AID (BOB-A) is Highest Nasal Concha/PISIFORM BONE with 3rd component of breath through Middle Nasal Meatus to activate Maxillary Sinus thereby arranging SPINAL NERVE 10 (T6 Spinal Nerve) to continue proper gyrus function, muscles are as shown.

In order for the above described Bob Hook Complex to approach optimal function, there can be no misalignment of its associated bone, muscle and organ structures. In the lower set of boxed columns, preceded in the upper set by the enabling breath tracts, and aligned to the 6 spectral energy time intervals in 24 hours at left, are the 6 spectral energy associated structures as correlated with each numbered bone further below in the dated boxes. The 3 dated boxes then show the associated bone scaffold for the Pisiform with the muscles for each bone of the scaffold changing through the 3 dates to provide on-going bone adjustment.

TIME INTERVALS corresponding to the 6 periods in 24 hours in which energy need evolved from possible available ranges of spectral energy from radio to gamma rays:	**1** Breath thru nasolacrimal duct into inferior lacrimal canaliculus to activate cavernous sinus 3 & Eye Apparatus:	**2** Breath through middle nasal meatus to activate maxillary sinus and the	**3** Breath through Eustacean tube to activate lateral semicircular duct ampulla and the	**4** Breath through inferior nasal meatus & incisive canal to activate RLS 2:	**5** Breath through middle nasal meatus & incisive canal to activate RLS 5:	**6** Breath through superior nasal meatus & incisive canal to activate LLS 9:	**EXIT ROUTES** for unincorporated wave lengths of spectral energy:
8:52am-11:16am >	Part 1 <lymph>	Peyer's Patches	Kidney	Part 1	Part 1	Part 1	urethra
11:16am-4:04pm >	Part 2 <blood>	Aorta	Gallbladder	Part 2	Part 2	Part 2	armpits
4:04pm-12:52am >	Part 3<hormone>	Pyloric Gland	Duodenum	Part 3	Part 3	Part 3	nipples
12:52am-7:16am >	Part 4 <DNA>	Cerebellum 3	Liver	Part 4	Part 4	Part 4	anus
7:16am-8:04am >	Part 5 <RNA>	Cerebrum 10	Lat.Vent., R.B.	Part 5	Part 5	Part 5	eye
8:04am-8:52am >	Part 6 <protein>	Cranial Nerve VI	Nerve T6	Part 6	Part 6	Part 6	vagina

7/30/2014 DAY 1 BOB HOOK COMPLEX above is altered in connection with Bob Center, LOWER 1st MOLAR (by way of Maxillary Sinus) through aegis of the Inferior Frontal Gyrus, Opercular Part.

Associated bones/muscles are (1) Highest Nasal Concha - eye's dilator muscle
(2) Pisiform - stomach, outer longitudinal layer

(3) C6
orbicularis oculi, palpebral part

(4) Scaphoid
teres minor

(5) Rib 5
interspinalis cervicis

(6) Navicular
abductor digiti minimi, medial

7/31/2014 Day 2 Bob Hook Complex Aid (Bob-A) below is altered in connection with Bob Center, L1 (by way of Tympanic Cells), in conjunction with Cranial Nerve VI (Abducent).

DAY 2 BOB-A > (1) HIGHEST NASAL CONCHA - eye's sphincter muscle
Associated bones/muscles are (2) Pisiform - stomach, middle circular layer

(3) C6
depressor supercilii

(4) Scaphoid
latissimus dorsi

(5) Rib 5
oblique capitis inferior

(6) Navicular
opponens digiti minimi

8/1/2014 Day 3 Bob-A below is altered in connection with Bob Center, Superior Nasal Concha's Peyer's Patches.

DAY 3 BOB-A > (1) Highest Nasal Concha - eye's orbitalis muscle
(2) PISIFORM - stomach, inner oblique layer

(3) C6
orbicularis oculi, orbital part

(4) Scaphoid
teres major

(5) Rib 5
interspinalis lumborum

(6) Navicular
abductor digiti minimi, lateral

PROCESS FOR ALTERING STRUCTURES
with the following occurances proposed as associated with progress toward optimal functioning

Read boxes from left to right	**Inhalation along given tracts "to" given structures,**	**Likely causes (1) eye tracts to receive spectral energy (with surrogate aid from 6 Exit correspondents*) & intake into**	**And (2) pressure (for alteration) on**	**Exhalation with no collapse of breath tract & structures,**	**Causes (1) pressure (for alteration) on**	**And (2)**	**And (3)**
Day 1 ^ = * see page bottom for each	Superior lacrimal canaliculi "to" Superior petrosal sinuses**,**	Lower 1st molars ^	Inferior frontal gyri, opercular part ^^**;**	Sup.lac.can. & Sup. petrosal sinuses & 6 Exit correspondents* & Lower 1st molars^ & Inferior frontal gyri, opercular part ^^**,**	Lower 1st molars ^ **And intake into** Inferior frontal gyri, opercular part ^^	Breath "to" Superior petrosal sinuses to disperse to receiving structures of the brain to serve during inhalation	Exhalation pressure brought to bear on 6 Exit correspondents* to precipitate that which*** will serve possible surrogate, specifically needed spectral energy roles during inhalation**;** unused "spectral energy" pressure of the breath cycle disperses to Exits**.
Day 2 ^ = * see below for each	Inferior lacrimal canaliculi "to" Cavernous sinuses 3**,**	As above but for L1 ^ (+ CN VI, i.e. Cranial nerve VI, Abducent)	As above but for the Highest nasal conchas ^^**;**	Inf. lac. can. & Cavernous sinuses 3 & 6 Exit correspondents* & L1 ^ (+ CN VI) & Highest nasal conchas ^^**,**	L1 ^ (+ CN VI) **And intake into** Highest nasal conchas ^^	Breath "to" Cavernous sinuses 3 to disperse to receiving structures of the brain	As above
Day 3 ^ = * see below	Middle nasal meatus "to" Maxillary sinus**,**	As above but for Superior nasal conchas' Peyer's patches ^ conchas' Peyer's patches^ & Pisiforms^^**,**	As above but for the Pisiforms^^**;**	Maxillary sin. & 6 Exit correspondents* & Superior nasal	Sup.nasal conchas' Peyer's patches^ **& intake into** Pisiforms^^	Breath "to" Maxillary sinus to disperse to receiving destinations	As above

^ / **v** = up / down arrows **Direction** of **Stretch** for **Muscles** on **Front** of **Page**

~ = line continuance in this section

lel fibers originating around esophageal juncture in 24 hours
stomach, outer longitudinal - from front of esophagus/stomach juncture to stomach/pylorus juncture, paral- **^**
orbicularis oculi, palpebral part - muscle forming eyelids from area of medial palpable ligament on around
teres minor - from scapula's posterior middle-upper lateral border to humerus's posterior greater tubercle
interspinalis cervicis - from lower spinous processes of cervical vertebrae to higher side of Mt PP5 base
abductor digiti minimi, medial - from between lateral & medial processes of calcaneus tuberosity to lateral **^**

stomach, middle circular - around pylorus from back, fibers then circling in bands from back progressing to **v**
depressor supercilii - from lower forehead to medial palpebral ligament in medial corner of eye fundus
latissimus dorsi - from most upper central anterior humerus around to lower thoracic / lumbar / sacral spine
oblique capitis inferior- from C1 transverse process to C2 spinous process
opponens digiti minimi - from lateral side of Mt PP5 base back to most lateral fibers of Mt 5 base

stomach, inner oblique layer - from fundus peak obliquely toward lateral wall, similar rows back to (**~** below)
orbicularis oculi, orbital part - outer muscle around eyelids from area of medial palpable ligament on around
teres major - from scapula's posterior lower lateral border to most upper medial anterior humerus
interspinalis lumborum - from lower spinous processes of lumbar vertebrae to higher
abductor digiti minimi, lateral - from lateral process of calcaneus tuberosity to lateral side of Mt PP5 base

~ cardiac notch, with last row along the inner curve of stomach to the 1st longitudinal fiber's end area

^ & ^^ **:** ^ is Part 2's "Inroad Channel" (= Center of Gravity) & ^^ is the "Resulting Structure" (= Day's "Bone")

***Exit correspondents associated with Day 1, Day 2 & Day 3 structures are shown below**						** Exits
8:52a - 11:16a **|** Eye part 1**|**	Peyer's patches	Kidney	RLS 2, p.1	RLS 5, p.1	LLS 9, p.1	Urethra
11:16a - 4:04p **|** Eye part 2**|**	Aorta	Gallbladder	part 2	part 2	part 2	Armpits
4:04p - 12:52a **|** Eye part 3**|**	Pyloric gland	Duodenum	part 3	part 3	part 3	Nipples
12:52a - 7:16a **|** Eye part 4**|**	Cerebellum 3	Liver	part 4	part 4	part 4	Anus
7:16a - 8:04a **|** Eye part 5**|**	Cerebrum 10	Lat.Vent.,R.B.	part 5	part 5	part 5	Eye
8:04a - 8:52a **|** Eye part 6**|**	Cranial nerve VI	Nerve T6	part 6	part 6	part 6	Vagina

*** **Being that which is needed to allow constant organism alteration for constant universe change.**

8:52 a.m. 7/2/1939 HUMAN as Bob or Pendulum from Crista Galli as Hook or Pivot for 8/2 - 8/4/2014

DAY 1 BOB HOOK COMPLEX is ETHMOID/Sphenoid BONE with breath through Nasolacrimal Duct (N.D.) & Superior Lacrimal Canaliculus to activate the Superior Petrosal Sinus thereby arranging the INFERIOR FRONTAL GYRUS, TRIANGULAR PART to align SACCULE OF THE EAR to form Lens, "muscles" are the upper, lateral quadrant 3-member set (31-33) of 3 equatorial zonular fibers per set.

DAY 2 BOB-A is SUPERIOR NASAL CONCHA/Hook of Hamate with 2nd component of breath thru N.D. & Inferior Lacrimal Canaliculus to activate Cavernous Sinus 3 thereby arranging TRIGEMINAL NERVE (C.N. V) to continue proper gyrus function, muscles are the dilator, sphincter and orbitalis of the eye.

DAY 3 BOB HOOK COMPLEX AID (BOB-A) is Superior Nasal Concha/HOOK of HAMATE BONE with 3rd component of breath through Middle Nasal Meatus to activate Maxillary Sinus thereby arranging SPINAL NERVE 11 (T7 Spinal Nerve) to continue proper gyrus function, muscles are as shown.

In order for the above described Bob Hook Complex to approach optimal function, there can be no misalignment of its associated bone, muscle and organ structures. In the lower set of boxed columns, preceded in the upper set by the enabling breath tracts, and aligned to the 6 spectral energy time intervals in 24 hours at left, are the 6 spectral energy associated structures as correlated with each numbered bone further below in the dated boxes. The 3 dated boxes then show the associated bone scaffold for the Hook of Hamate with the muscles for each bone of the scaffold changing through the 3 dates to provide on-going bone adjustment.

TIME INTERVALS	1	2	3	4	5	6	EXIT
corresponding to the 6 periods in 24 hours in which energy need evolved from possible available ranges of spectral energy from radio to gamma rays:	Breath thru nasolacrimal duct into inferior lacrimal canaliculus to activate cavernous sinus 3 & Eye Apparatus:	Breath through middle nasal meatus to activate maxillary sinus and the	Breath through Eustacean tube to activate utricle of the ear and the	Breath through inferior nasal meatus & incisive canal to activate RLS 2:	Breath through middle nasal meatus & incisive canal to activate RLS 5:	Breath through superior nasal meatus & incisive canal to activate LLS 9:	ROUTES for unincorporated wave lengths of spectral energy:
8:52am-11:16am >	Part 1 <lymph>	Peyer's Patches	Kidney	Part 1	Part 1	Part 1	urethra
11:16am-4:04pm >	Part 2 <blood>	Aorta	Gallbladder	Part 2	Part 2	Part 2	armpits
4:04pm-12:52am >	Part 3<hormone>	Pyloric Gland	Duodenum	Part 3	Part 3	Part 3	nipples
12:52am-7:16am >	Part 4 <DNA>	Cerebellum 3	Liver	Part 4	Part 4	Part 4	anus
7:16am-8:04am >	Part 5 <RNA>	Cerebrum 11	Lat.Vent., R.B.	Part 5	Part 5	Part 5	eye
8:04am-8:52am >	Part 6 <protein>	Cranial Nerve V	Nerve T7	Part 6	Part 6	Part 6	vagina

8/2/2014 DAY 1 BOB HOOK COMPLEX above is altered in connection with Bob Center, UPPER 2nd PRE-MOLAR (by way of Mastoid Cells) through aegis of Inferior Frontal Gyrus, Triangular Part.

Associated bones/muscles are (1) Superior Nasal Concha - eye's dilator muscle
(2) Hook of Hamate - small intestine, longitudinal fibers

(3) S1
orbicularis oris, superficial fibers

(4) Mc PP4
subscapularis

(5) T6
longissimus thoracis & cervicis

(6) Mt PP4
quadratus plantae, medial

8/3/2014 Day 2 Bob-A below is altered in connection with Bob Center, Inferior Nasal Concha's overseen Series of Soft Tissue Structure (by way of Tympanic Cells) in conjunction with Cranial Nerve V (Trigeminal).

DAY 2 BOB-A > (1) SUPERIOR NASAL CONCHA - eye's sphincter muscle
Associated bones/muscles are (2) Hook of Hamate - small intestine, circular fibers

(3) S1
medial rectus of eye

(4) Mc PP4
supraspinatus

(5) T6
spinalis thoracis

(6) Mt PP4
interosseous lumbrical no. 1

8/4/2014 Day 3 Bob-A below is altered in connection with Bob Center, Superior Nasal Concha's

(1) Superior Nasal Concha - eye's orbitalis muscle **Aorta.**
DAY 3 BOB-A > (2) HOOK OF HAMATE- small intestine, muscularis mucosa

(3) S1
risorius

(4) Mc PP4
infraspinatus

(5) T6
iliocostalis lumborum

(6) Mt PP4
quadratus plantae, lateral

PROCESS FOR ALTERING STRUCTURES
with the following occurances proposed as associated with progress toward optimal functioning

Read boxes from left to right	**Inhalation along given tracts "to" given structures,**	**Likely causes (1) eye tracts to receive spectral energy (with surrogate aid from 6 Exit correspondents*) & intake into**	**And (2) pressure (for alteration) on**	**Exhalation with no collapse of breath tract & structures,**	**Causes (1) pressure (for alteration) on**	**And (2)**	**And (3)**
Day 1 ^ = * see page bottom for each	Superior lacrimal canaliculi "to" Superior petrosal sinuses,	Upper 2nd pre-molars ^	Inferior frontal gyri, triangular part ^^;	Sup.lac.can. & Sup. petrosal sinuses & 6 Exit correspondents* & Upper 2nd pre-molars ^	Upper 2nd pre-molars ^ **And intake into** Inferior frontal gyri, triangular part ^^	Breath "to" Superior petrosal sinuses to disperse to receiving structures of the brain to serve during inhalation	Exhalation pressure brought to bear on 6 Exit correspondents* to precipitate that which*** will serve possible surrogate, specifically needed spectral energy roles during inhalation; unused "spectral energy" pressure of the breath cycle disperses to Exits**.
			& Inferior frontal gyri, triangular part ^^,				
Day 2 ^ = * see below for each	Inferior lacrimal canaliculi "to" Cavernous sinuses 3, (+ CN V - Trigeminal)	As above but for Thoracic duct, parathyroids, thyroid glands + 3 others ^	As above but for the Superior nasal conchas ^^; Superior nasal conchas^^,	Inf. lac. can. & Cavernous sinuses 3 & 6 Exit correspondents* & Thoracic duct, etc. ^ &	Thoracic duct parathyroids, thyroid glands + 3 others ^ (+ CN V) **& intake into** Superior nasal conchas^^	Breath "to" Cavernous sinuses 3 to disperse to receiving structures of the brain	As above
Day 3 ^ = * see below	Middle nasal meatus "to" Maxillary sinus,	As above but for Superior nasal conchas' aorta ^ conchas' aorta ^ & Hook of hamates ^^,	As above but for the Hook of hamates^^;	Maxillary sin. & 6 Exit correspondents* & Superior nasal	Sup.nasal conchas' aorta ^ **& intake into** Hook of hamates ^^	Breath "to" Maxillary sinus to disperse to receiving destinations	As above

Note: Maintain alignment of L5/pisiform, McSs2/incus, McSs1/hyoid, MtSs1/patella.

v = down arrow **Direction** of **Stretch** for **Muscles** on **Front** of **Page**

~ = line continuance in this section **~** at duodenum front with last oblique fiber end at ileum top end

small intestine, longitudinal fibers -1st fiber from front beginning (duodenum) to top end (ileum),then parallel **v** orbicularis oris, superficial fibers - less deep muscle fibers around lips above & below rows around in 24 hrs
subscapularis - from most of anterior scapula to just below anterior medial top of humerus
longissimus thoracis & cervicis - from sacrum & lower transverse processes to those higher to C2 & ribs
quadratus plantae, medial - from medial calcaneus bottom surface to flexor digitorum longus tendon centrally

small intestine, circular fibers -from bottom end (ileum) making around-circling bands to duodenum beginning
medial rectus of eye - from medial surface of eyeball to common tendinous ring around optic nerve
supraspinatus - from outer top of humerus (greater tubercle) to posterior upper scapula
spinalis thoracis -from upper thoracic spinous processes to those of lowest thoracic & upper lumbar vertebrae
interosseous lumbrical no. 1 - from medial base of Mt PP2 to along medial flexor digitorum longus 1st tendon

small intestine, muscularis mucosa - bunched origin of rows of oblique fibers from end of last circling-band **~^**
risorius - from cheek (over deeper muscles) straight in toward corner of mouth
infraspinatus - from much of lower posterior scapula to just below posterior lateral top of humerus
iliocostalis lumborum - centrally from tailbone area & top of hipbone (iliac crest) to lower ribs at their angles
quadratus plantae, lateral - from lateral calcaneus bottom surface to flexor digitorum longus tendon centrally

^ & ^^ **:** ^ is Part 2's "Inroad Channel" (= Center of Gravity) & ^^ is the "Resulting Structure" (= Day's "Bone")

***Exit correspondents associated with Day 1, Day 2 & Day 3 structures are shown below**						**** Exits**
8:52a - 11:16a **|** Eye part 1 **|**	Peyer's patches	Kidney	RLS 2, p.1	RLS 5, p.1	LLS 9, p.1	Urethra
11:16a - 4:04p **|** Eye part 2 **|**	Aorta	Gallbladder	part 2	part 2	part 2	Armpits
4:04p - 12:52a **|** Eye part 3 **|**	Pyloric gland	Duodenum	part 3	part 3	part 3	Nipples
12:52a - 7:16a **|** Eye part 4 **|**	Cerebellum 3	Liver	part 4	part 4	part 4	Anus
7:16a - 8:04a **|** Eye part 5 **|**	Cerebrum 11	Lat.Vent.,R.B.	part 5	part 5	part 5	Eye
8:04a - 8:52a **|** Eye part 6 **|**	Cranial nerve V	Nerve T7	part 6	part 6	part 6	Vagina

***** Being that which is needed to allow constant organism alteration for constant universe change.**

8:52 a.m. 7/2/1939 HUMAN as Bob or Pendulum from Crista Galli as Hook or Pivot for 8/5 - 8/7/2014

DAY 1 BOB HOOK COMPLEX is Ethmoid/SPHENOID BONE with breath through Nasolacrimal Duct (N.D.) & Superior Lacrimal Canaliculus to activate the Superior Petrosal Sinus thereby arranging the INFERIOR FRONTAL GYRUS, ORBITAL PART to align SACCULE OF THE EAR to form Lens, "muscles" are the upper, lateral quadrant 3-member set (34-36) of 3 equatorial zonular fibers per set.

DAY 2 BOB-A is HIGHEST NASAL CONCHA/Lunate Bone with 2nd component of breath through N.D. & Inferior Lacrimal Canaliculus to activate Cavernous Sinus 3 thereby arranging ABDUCENT NERVE (C.N. VI) to continue proper gyrus function, muscles are the dilator, sphincter and orbitalis of the eye.

DAY 3 BOB HOOK COMPLEX AID (BOB-A) is Highest Nasal Concha/LUNATE BONE with 3rd component of breath through Middle Nasal Meatus to activate Maxillary Sinus thereby arranging SPINAL NERVE 12 (T8 Spinal Nerve) to continue proper gyrus function, muscles are as shown.

In order for the above described Bob Hook Complex to approach optimal function, there can be no misalignment of its associated bone, muscle and organ structures. In the lower set of boxed columns, preceded in the upper set by the enabling breath tracts, and aligned to the 6 spectral energy time intervals in 24 hours at left, are the 6 spectral energy associated structures as correlated with each numbered bone further below in the dated boxes. The 3 dated boxes then show the associated bone scaffold for the Lunate with the muscles for each bone of the scaffold changing through the 3 dates to provide on-going bone adjustment.

TIME INTERVALS corresponding to the 6 periods in 24 hours in which energy need evolved from possible available ranges of spectral energy from radio to gamma rays:	1 Breath thru nasolacrimal duct into inferior lacrimal canaliculus to activate cavernous sinus 3 & Eye Apparatus:	2 Breath through middle nasal meatus to activate maxillary sinus and the	3 Breath through Eustacean tube to activate utricle of the ear and the	4 Breath through inferior nasal meatus & incisive canal to activate RLS 2:	5 Breath through middle nasal meatus & incisive canal to activate RLS 5:	6 Breath through superior nasal meatus & incisive canal to activate LLS 9:	EXIT ROUTES for unincorporated wave lengths of spectral energy:
8:52am-11:16am >	Part 1 <lymph>	Peyer's Patches	Kidney	Part 1	Part 1	Part 1	urethra
11:16am-4:04pm >	Part 2 <blood>	Aorta	Gallbladder	Part 2	Part 2	Part 2	armpits
4:04pm-12:52am >	Part 3<hormone>	Pyloric Gland	Duodenum	Part 3	Part 3	Part 3	nipples
12:52am-7:16am >	Part 4 <DNA>	Cerebellum 3	Liver	Part 4	Part 4	Part 4	anus
7:16am-8:04am >	Part 5 <RNA>	Cerebrum 12	Lat.Vent., R.B.	Part 5	Part 5	Part 5	eye
8:04am-8:52am >	Part 6 <protein>	Cranial Nerve VI	Nerve T8	Part 6	Part 6	Part 6	vagina

8/5/2014 DAY 1 BOB HOOK COMPLEX above is altered in connection with Bob Center, LOWER 2nd PRE-MOLAR (by way of Mastoid Cells) through aegis of the Inferior Frontal Gyrus, Orbital Part.

Associated bones/muscles are (1) Highest Nasal Concha - eye's dilator muscle
(2) Lunate - longitudinal bundle of bile duct

(3) C7
levator anguli oris

(4) Trapezoid
pectoralis major, clavicular part

(5) Rib 6
semispinalis cervicis

(6) Cuneiform Intermediate
interosseous plantar

8/6/2014 Day 2 Bob Hook Complex Aid (Bob-A) below is altered in connection with Bob Center, L1 (by way of Tympanic Cells), in conjunction with Cranial Nerve VI (Abducent).

DAY 2 BOB-A > (1) HIGHEST NASAL CONCHA - eye's sphincter muscle
Associated bones/muscles are (2) Lunate - common bile duct (choledochal) sphincter

(3) C7
depressor septi nasi

(4) Trapezoid
pectoralis minor

(5) Rib 6
splenius cervicis

(6) Cuneiform Intermediate
interosseous lumbrical nos. 2, 3, 4

8/7/2014 Day 3 Bob-A below is altered in connection with Bob Center, Superior Nasal Concha's Pyloric Gland.

DAY 3 BOB-C > (1) Highest Nasal Concha - eye's orbitalis muscle
(2) LUNATE - hepatopancreatic ampulla sphincter

(3) C7
depressor anguli oris

(4) Trapezoid
pectoralis major, sternal part

(5) Rib 6
semispinalis thoracis

(6) Cuneiform Intermediate
interosseous dorsal

PROCESS FOR ALTERING STRUCTURES
with the following occurances proposed as associated with progress toward optimal functioning

Read boxes from left to right	**Inhalation along given tracts "to" given structures,**	**Likely causes (1) eye tracts to receive spectral energy (with surrogate aid from 6 Exit correspondents*) & intake into**	**And (2) pressure (for alteration) on**	**Exhalation with no collapse of breath tract & structures,**	**Causes (1) pressure (for alteration) on**	**And (2)**	**And (3)**
Day 1 ^ = * see page bottom for each	Superior lacrimal canaliculi "to" Superior petrosal sinuses,	Lower 2nd pre-molars ^	Inferior frontal gyri, orbital part ^^; & Inferior frontal gyri, orbital part ^^,	Sup.lac.can. & Sup. petrosal sinuses & 6 Exit correspondents* & Lower 2nd pre-molars ^	Lowee 2nd pre-molars ^ **And intake into** Inferior frontal gyri, orbital part ^^	Breath "to" Superior petrosal sinuses to disperse to receiving structures of the brain to serve during inhalation	Exhalation pressure brought to bear on 6 Exit correspondents* to precipitate that which*** will serve possible surrogate, specifically needed spectral energy roles during inhalation; unused "spectral energy" pressure of the breath cycle disperses to Exits**.
Day 2 ^ = * see below for each	Inferior lacrimal canaliculi "to" Cavernous sinuses 3,	As above but for L1 ^ (+ CN VI, i.e. Cranial nerve VI, Abducent)	As above but for the Highest nasal conchas ^^; nasal conchas ^^,	Inf. lac. can. & Cavernous sinuses 3 & 6 Exit correspondents* & L1 ^ (+ CN VI) & Highest	L1 ^ (+ CN VI) **And intake into** Highest nasal conchas ^^	Breath "to" Cavernous sinuses 3 to disperse to receiving structures of the brain	As above
Day 3 ^ = * see below	Middle nasal meatus "to" Maxillary sinus,	As above but for Superior nasal conchas' pyloric gland ^ conchas' pyloric gland ^ & Lunates ^^,	As above but for the Lunates ^^;	Maxillary sin. & 6 Exit correspondents* & Superior nasal	Superior nasal conchas' pyloric gland^ **& intake into** Lunates ^^	Breath "to" Maxillary sinus to disperse to receiving destinations	As above

Note: Maintain alignment of L5**/**pisiform, McSs2**/**incus, McSs1**/**hyoid, MtSs1**/**patella.

^/v = up**/**down arrow **Direction** of **Stretch** for **Muscles** on **Front** of **Page** **~** = line continuance in 24 hrs.

longitudinal bundle of bile duct - rows of stretch down bile duct from upper anterior, then posteriorly around **^**
levator anguli oris - from under eye straight down into lip corners underneath other levator facial muscles
pectoralis major, clavicular part - along clavicle from sternum top to anterior lateral upper humerus
semispinalis cervicis -from transverse processes of upper 5-6 thoracic vertebrae to spinous processes of **~~v**
interosseous plantar - from medial side of Mt 3-5 to same of Mt PP3-5 **~**to 1st longitudinal fiber end in 24 hrs.

common bile duct (choledochal) sphincter - bands of circular stretch in 24 hrs. from lower back of bile duct up
depressor septi nasi - from the nasal septum straight down into the central upper lip muscles
pectoralis minor - from scapula's coracoid process to ribs 2-5 close to their costal cartilages parts
splenius cervicis - from highest cervical transverse processes down to upper thoracic spinous processes
interosseous lumbrical nos. 2, 3, 4 - from Mt PP3-5 medial base back to toes' flexor digitorum longus tendons

hepatopancreatic ampulla sphincter - bunched origins of oblique stretch from upper anterior straightening **~ ^**
depressor anguli oris - from chin's bottom edge below lip corners up into these corners ~~ 6 vertebrae above
pectoralis major, sternal part - from sternum length & 6th rib costal part to anterior lateral upper humerus
semispinalis thoracis -from transverse processes of lower 5-6 thoracic vertebrae to spinous processes of **~~^**
interosseous dorsal - from Mt 1 base & adjacent sides of Mt 2-5 to Mt PP2 both sides & PP3-4 lateral sides

^ & ^^ **:** ^ is Part 2's "Inroad Channel" (= Center of Gravity) & ^^ is the "Resulting Structure" (= Day's "Bone")

***Exit correspondents associated with Day 1, Day 2 & Day 3 structures are shown below**						**** Exits**
8:52a - 11:16a **|** Eye part 1 **|**	Peyer's patches	Kidney	RLS 2, p.1	RLS 5, p.1	LLS 9, p.1	Urethra
11:16a - 4:04p **|** Eye part 2 **|**	Aorta	Gallbladder	part 2	part 2	part 2	Armpits
4:04p - 12:52a **|** Eye part 3 **|**	Pyloric gland	Duodenum	part 3	part 3	part 3	Nipples
12:52a - 7:16a **|** Eye part 4 **|**	Cerebellum 3	Liver	part 4	part 4	part 4	Anus
7:16a - 8:04a **|** Eye part 5 **|**	Cerebrum 12	Lat.Vent.,R.B.	part 5	part 5	part 5	Eye
8:04a - 8:52a **|** Eye part 6 **|**	Cranial nerve VI	Nerve T8	part 6	part 6	part 6	Vagina

***** That which is formed is that which is needed to serve in altering organism structures to allow the organism to continually change to accord itself to its constantly altering universe.**

8:52 a.m. 7/2/1939 HUMAN as Bob or Pendulum from Crista Galli as Hook or Pivot for 8/8 - 8/10/2014

DAY 1 BOB HOOK COMPLEX is ETHMOID/Sphenoid BONE with breath through Nasolacrimal Duct (N.D.) & Superior Lacrimal Canaliculus to activate the Superior Petrosal Sinus thereby arranging the INFERIOR FRONTAL GYRUS, TRIANGULAR PART to align SACCULE OF THE EAR to form Lens, "muscles" are the upper, lateral quadrant 3-member set (31-33) of 3 equatorial zonular fibers per set.

DAY 2 BOB-A is NASAL/Hook of Hamate BONE with 2nd component of breath through Nasolacrimal Duct & Inferior Lacrimal Canaliculus to activate Cavernous Sinus 4 thereby arranging FACIAL NERVE (C.N. VII) to continue proper gyrus function, muscles are the dilator, sphincter and orbitalis of the eye.

DAY 3 BOB HOOK COMPLEX AID (BOB-A) is S1/Mc PP4 with 3rd component of breath through Eustacean Tube to activate Utricle of the Ear thereby arranging SPINAL NERVE 11 (T7 Spinal Nerve) to continue proper gyrus function, muscles are as shown.

In order for the above described Bob Hook Complex to approach optimal function, there can be no mis-alignment of its associated bone, muscle and organ structures. In the lower set of boxed columns below, preceded in the upper set by the enabling breath tracts, and aligned to the 6 spectral energy time intervals in 24 hours at left, are the 6 spectral energy associated structures as correlated with each numbered bone further below in the dated boxes. The 3 dated boxes then show the associated bone scaffold for S1 with the muscles for each bone of the scaffold changing through the 3 dates to provide on-going bone adjustment.

TIME INTERVALS corresponding to the 6 periods in 24 hours in which energy need evolved from possible available ranges of spectral energy from radio to gamma rays:	**1** Breath thru nasolacrimal duct into inferior lacrimal canaliculus to activate cavernous sinus 3 & Eye Apparatus:	**2** Breath through middle nasal meatus to activate maxillary sinus and the	**3** Breath through Eustacean tube to activate utricle of the ear and the	**4** Breath through inferior nasal meatus & incisive canal to activate RLS 2:	**5** Breath through middle nasal meatus & incisive canal to activate RLS 5:	**6** Breath through superior nasal meatus & incisive canal to activate LLS 9:	**EXIT ROUTES** for unincor-porated wave lengths of spectral energy:
8:52am-11:16am >	Part 1 <lymph>	Peyer's Patches	Kidney	Part 1	Part 1	Part 1	urethra
11:16am-4:04pm >	Part 2 <blood>	Aorta	Gallbladder	Part 2	Part 2	Part 2	armpits
4:04pm-12:52am >	Part 3<hormone>	Pyloric Gland	Duodenum	Part 3	Part 3	Part 3	nipples
12:52am-7:16am >	Part 4 <DNA>	Cerebellum 3	Liver	Part 4	Part 4	Part 4	anus
7:16am-8:04am >	Part 5 <RNA>	Cerebrum 11	Lat.Vent., R.B.	Part 5	Part 5	Part 5	eye
8:04am-8:52am >	Part 6 <protein>	Cranial Nerve V	Nerve T7	Part 6	Part 6	Part 6	vagina

8/8/2014 DAY 1 BOB HOOK COMPLEX above is altered in connection with Bob Center, Upper 2nd Pre-Molar (by way of Mastoid Cells), through aegis of Inferior Frontal Gyrus, Triangular Part.

Associated bones/muscles are (1) Nasal Bone - eye's dilator muscle
(2) Hook of Hamate - small intestine, longitudinal fibers

(3) S1
orbicularis oris, superficial fibers

(4) Mc PP4
subscapularis

(5) T6
longissimus thoracis & cervicis

(6) Mt PP4
quadratus plantae, medial

8/9/2014 Day 2 Bob-A below is altered in connection with Bob Center, Superior Nasal Concha's overseen Series of Soft Tissue Structure (by way of Maxillary Sinus), in conjunction with Cranial Nerve VII (Facial).

DAY 2 BOB-A > (1) NASAL BONE - eye's sphincter muscle
Associated bones/muscles are (2) Hook of Hamate - small intestine, circular fibers

(3) S1
medial rectus of eye

(4) Mc PP4
supraspinatus

(5) T6
spinalis thoracis

(6) Mt PP4
interosseous lumbrical no. 1

8/10/2014 Day 3 Bob Hook Complex Aid (Bob-A) below is altered in connection with Bob Center,

(1) Nasal Bone - eye's orbitalis muscle
(2) Hook of Hamate - small intestine, muscularis mucosa

Lower 1st Molar.

(3) S1 > DAY 3 BOB-A
risorius

(4) Mc PP4
infraspinatus

(5) T6
iliocostalis lumborum

(6) Mt PP4
quadratus plantae, lateral

PROCESS FOR ALTERING STRUCTURES
with the following occurances proposed as associated with progress toward optimal functioning

Read boxes from left to right	**Inhalation along given tracts "to" given structures,**	**Likely causes (1) eye tracts to receive spectral energy (with surrogate aid from 6 Exit correspondents*) & intake into**	**And (2) pressure (for alteration) on**	**Exhalation with no collapse of breath tract & structures,**	**Causes (1) pressure (for alteration) on**	**And (2)**	**And (3)**
Day 1 ^ = * see page bottom for each	Superior lacrimal canaliculi "to" Superior petrosal sinuses,	Upper 2nd pre-molars ^	Inferior frontal gyri, triangular part ^^;	Sup.lac.can. & Sup. petrosal sinuses & 6 Exit correspondents* & Upper 2nd pre-molars ^ & Inferior frontal gyri, triangular part ^^,	Upper 2nd pre-molars ^ **And intake into** Inferior frontal gyri, triangular part ^^	Breath "to" Superior petrosal sinuses to disperse to receiving structures of the brain to serve during inhalation	Exhalation pressure brought to bear on 6 Exit correspondents* to precipitate that which*** will serve possible surrogate, specifically needed spectral energy roles during inhalation; unused "spectral energy" pressure of the breath cycle disperses to Exits**.
Day 2 ^ = * see below for each	Inferior lacrimal canaliculi "to" Cavernous sinuses 4, (+ CN VII - Facial)	As above but for Peyer's patches, aorta, pyloric gland + 3 others ^	As above but for the Nasal bone ^^;	Inf. lac. can. & Cavernous sinuses 4 & 6 Exit correspondents* & Peyer's patches,etc. ^ & Nasal bone ^^,	Peyer's patches, aorta, pyloric gland, etc. ^ (+ CN VII) **And intake into** Nasal bone^^	Breath "to" Cavernous sinuses 4 to disperse to receiving structures of the brain	As above
Day 3 ^ = * see below	Eustacean tubes "to" Utricle of the ears,	As above but for Lower 1st molars ^	As above but for S1 ^^;	Utricle of ears & 6 Exit correspondents* & Lower 1st molars ^ & S1 ^^,	Lower 1st molars ^ **And intake into** S1 ^^	Breath "to" Utricle of ears to disperse to receiving destinations	As above

Note: Maintain alignment of L5**/**pisiform, McSs2**/**incus, McSs1**/**hyoid, MtSs1**/**patella.

v = down arrow **Direction** of **Stretch** for **Muscles** on **Front** of **Page**

~ = line continuance in this section **~** at duodenum front with last oblique fiber end at ileum top end

small intestine, longitudinal fibers -1st fiber from front beginning (duodenum) to top end (ileum),then parallel **v**
orbicularis oris, superficial fibers - less deep muscle fibers around lips above & below rows around in 24 hrs
subscapularis - from most of anterior scapula to just below anterior medial top of humerus
longissimus thoracis & cervicis - from sacrum & lower transverse processes to those higher to C2 & ribs
quadratus plantae, medial - from medial calcaneus bottom surface to flexor digitorum longus tendon centrally

small intestine, circular fibers **-**from bottom end (ileum) making around-circling bands to duodenum beginning
medial rectus of eye - from medial surface of eyeball to common tendinous ring around optic nerve
supraspinatus - from outer top of humerus (greater tubercle) to posterior upper scapula
spinalis thoracis -from upper thoracic spinous processes to those of lowest thoracic & upper lumbar vertebrae
interosseous lumbrical no. 1 - from medial base of Mt PP2 to along medial flexor digitorum longus 1st tendon

small intestine, muscularis mucosa - bunched origin of rows of oblique fibers from end of last circling-band **~^**
risorius - from cheek (over deeper muscles) straight in toward corner of mouth
infraspinatus - from much of lower posterior scapula to just below posterior lateral top of humerus
iliocostalis lumborum - centrally from tailbone area & top of hipbone (iliac crest) to lower ribs at their angles
quadratus plantae, lateral - from lateral calcaneus bottom surface to flexor digitorum longus tendon centrally

^ & ^^ **:** ^ is Part 2's "Inroad Channel" (= Center of Gravity) & ^^ is the "Resulting Structure" (= Day's "Bone")

***Exit correspondents associated with Day 1, Day 2 & Day 3 structures are shown below**						**** Exits**
8:52a - 11:16a **|** Eye part 1 **|**	Peyer's patches	Kidney	RLS 2, p.1	RLS 5, p.1	LLS 9, p.1	Urethra
11:16a - 4:04p **|** Eye part 2 |	Aorta	Gallbladder	part 2	part 2	part 2	Armpits
4:04p - 12:52a **|** Eye part 3 **|**	Pyloric gland	Duodenum	part 3	part 3	part 3	Nipples
12:52a - 7:16a **|** Eye part 4 **|**	Cerebellum 3	Liver	part 4	part 4	part 4	Anus
7:16a - 8:04a **|** Eye part 5 **|**	Cerebrum 11	Lat.Vent.,R.B.	part 5	part 5	part 5	Eye
8:04a - 8:52a **|** Eye part 6 **|**	Cranial nerve V	Nerve T7	part 6	part 6	part 6	Vagina

***** Being that which is needed to allow constant organism alteration for constant universe change.**

8:52 a.m. 7/2/1939 HUMAN as Bob or Pendulum from Crista Galli as Hook or Pivot for 8/11 - 8/13/2014

DAY 1 BOB HOOK COMPLEX is Ethmoid/SPHENOID BONE with breath through Nasolacrimal Duct (N.D.) & Superior Lacrimal Canaliculus to activate the Superior Petrosal Sinus thereby arranging the INFERIOR FRONTAL GYRUS, ORBITAL PART to align SACCULE OF THE EAR to form Lens, "muscles" are the upper, lateral quadrant 3-member set (34-36) of 3 equatorial zonular fibers per set.

DAY 2 BOB-A is FRONTAL/Lunate BONE with 2nd component of breath through N.D. & Inferior Lacrimal Canaliculus to activate Cavernous Sinus 4 thereby arranging VESTIBULOCOCHLEAR NERVE (C.N. VIII) to continue proper gyrus function, muscles are the dilator, sphincter and orbitalis of the eye.

DAY 3 BOB HOOK COMPLEX AID (BOB-A) is C7/Trapezoid Bone with 3rd component of breath through Eustacean Tube to activate Utricle of the Ear thereby arranging SPINAL NERVE 12 (T8 Spinal Nerve) to continue proper gyrus function, muscles are as shown.

In order for the above described Bob Hook Complex to approach optimal function, there can be no mis-alignment of its associated bone, muscle and organ structures. In the lower set of boxed columns below, preceded in the upper set by the enabling breath tracts, and aligned to the 6 spectral energy time intervals in 24 hours at left, are the 6 spectral energy associated structures as correlated with each numbered bone further below in the dated boxes. The 3 dated boxes then show the associated bone scaffold for C7 with the muscles for each bone of the scaffold changing through the 3 dates to provide on-going bone adjustment.

TIME INTERVALS corresponding to the 6 periods in 24 hours in which energy need evolved from possible available ranges of spectral energy from radio to gamma rays:	1 Breath thru nasolacrimal duct into inferior lacrimal canaliculus to activate cavernous sinus 3 & Eye Apparatus:	2 Breath through middle nasal meatus to activate maxillary sinus and the	3 Breath through Eustacean tube to activate utricle of the ear and the	4 Breath through inferior nasal meatus & incisive canal to activate RLS 2:	5 Breath through middle nasal meatus & incisive canal to activate RLS 5:	6 Breath through superior nasal meatus & incisive canal to activate LLS 9:	EXIT ROUTES for unincor-porated wave lengths of spectral energy:
8:52am-11:16am >	Part 1 <lymph>	Peyer's Patches	Kidney	Part 1	Part 1	Part 1	urethra
11:16am-4:04pm >	Part 2 <blood>	Aorta	Gallbladder	Part 2	Part 2	Part 2	armpits
4:04pm-12:52am >	Part 3<hormone>	Pyloric Gland	Duodenum	Part 3	Part 3	Part 3	nipples
12:52am-7:16am >	Part 4 <DNA>	Cerebellum 3	Liver	Part 4	Part 4	Part 4	anus
7:16am-8:04am >	Part 5 <RNA>	Cerebrum 12	Lat.Vent., R.B.	Part 5	Part 5	Part 5	eye
8:04am-8:52am >	Part 6 <protein>	Cranial Nerve VI	Nerve T8	Part 6	Part 6	Part 6	vagina

8/11/2014 DAY 1 BOB HOOK COMPLEX above is altered in connection with Bob Center, LOWER 2nd PRE-MOLAR (by way of Mastoid Cells) through aegis of the Inferior Frontal Gyrus, Orbital Part.

Associated bones/muscles are (1) Frontal Bone - eye's dilator muscle
(2) Lunate - longitudinal bundle of bile duct

(3) C7
levator anguli oris

(4) Trapezoid
pectoralis major, clavicular part

(5) Rib 6
semispinalis cervicis

(6) Cuneiform Intermediate
interosseous plantar

8/12/2014 Day 2 Bob Hook Complex Aid (Bob-A) below is altered in connection with Bob Center, L2 (by way of Maxillary Sinus), in conjunction with Cranial Nerve VIII (Vestibulocochlear).

DAY 2 BOB-A > (1) FRONTAL BONE - eye's sphincter muscle
Associated bones/muscles are (2) Lunate - common bile duct (choledochal) sphincter

(3) C7
depressor septi nasi

(4) Trapezoid
pectoralis minor

(5) Rib 6
splenius cervicis

(6) Cuneiform Intermediate
interosseous lumbrical nos. 2, 3, 4

8/13/2014 Day 3 Bob Hook Complex Aid (Bob-A) below is altered in connection with Bob Center,

(1) Frontal Bone - eye's orbitalis muscle
(2) Lunate - hepatopancreatic ampulla sphincter

Upper 1st Molar.

(3) C7 > DAY 3 BOB-A
depressor anguli oris

(4) Trapezoid
pectoralis major, sternal part

(5) Rib 6
semispinalis thoracis

(6) Cuneiform Intermediate
interosseous dorsal

PROCESS FOR ALTERING STRUCTURES
with the following occurances proposed as associated with progress toward optimal functioning

Read boxes from left to right	**Inhalation along given tracts "to" given structures,**	**Likely causes (1) eye tracts to receive spectral energy (with surrogate aid from 6 Exit correspondents*) & intake into**	**And (2) pressure (for alteration) on**	**Exhalation with no collapse of breath tract & structures,**	**Causes (1) pressure (for alteration) on**	**And (2)**	**And (3)**
Day 1 ^ = * see page bottom for each	Superior lacrimal canaliculi "to" Superior petrosal sinuses,	Lower 2nd pre-molars ^	Inferior frontal gyri, orbital part ^^;	Sup.lac.can. & Sup. petrosal sinuses & 6 Exit correspondents* & Lower 2nd pre-molars ^ & Inferior frontal gyri, orbital part ^^,	Lower 2nd pre-molars ^ **And intake into** Inferior frontal gyri, orbital part ^^	Breath "to" Superior petrosal sinuses to disperse to receiving structures of the brain to serve during inhalation	Exhalation pressure brought to bear on 6 Exit correspondents* to precipitate that which*** will serve possible surrogate, specifically needed spectral energy roles during inhalation; unused "spectral energy" pressure of the breath cycle disperses to Exits**.
Day 2 ^ = * see below for each	Inferior lacrimal canaliculi "to" Cavernous sinuses 4,	As above but for L2 ^ (+ CN VIII, i.e. Cranial nerve VIII, Vestibulocochlear)	As above but for the Frontal bone ^^ ;	Inf. lac. can. & Cavernous sinuses 4 & 6 Exit correspondents* & L2^ (+ CN VIII) & Frontal bone ^^,	L2 ^ (+ CN VIII) **And intake into** Frontal bone ^^	Breath "to" Cavernous sinuses 4 to disperse to receiving structures of the brain	As above
Day 3 ^ = * see below	Eustacean tubes "to" Utricle of the ears,	As above but for Upper 1st molars ^	As above but for C7 ^^;	Utricle of ears & 6 Exit correspondents* & Upper 1st molars ^ & C7 ^^,	Upper 1st molars ^ **And intake into** C7 ^^	Breath "to" Utricle of ears to disperse to receiving destinations	As above

Note: Maintain alignment of L5**/**pisiform, McSs2**/**incus, McSs1**/**hyoid, MtSs1**/**patella.

^/v = up**/**down arrow **Direction** of **Stretch** for **Muscles** on **Front** of **Page** **~** = line continuance in 24 hrs.

longitudinal bundle of bile duct - rows of stretch down bile duct from upper anterior, then posteriorly around **^**
levator anguli oris - from under eye straight down into lip corners underneath other levator facial muscles
pectoralis major, clavicular part - along clavicle from sternum top to anterior lateral upper humerus
semispinalis cervicis -from transverse processes of upper 5-6 thoracic vertebrae to spinous processes of **~~v**
interosseous plantar - from medial side of Mt 3-5 to same of Mt PP3-5 **~** to 1st longitudinal fiber end in 24 hrs.

common bile duct (choledochal) sphincter - bands of circular stretch in 24 hrs. from lower back of bile duct up
depressor septi nasi - from the nasal septum straight down into the central upper lip muscles
pectoralis minor - from scapula's coracoid process to ribs 2-5 close to their costal cartilages parts
splenius cervicis - from highest cervical transverse processes down to upper thoracic spinous processes
interosseous lumbrical nos. 2, 3, 4 - from Mt PP3-5 medial base back to toes' flexor digitorum longus tendons

hepatopancreatic ampulla sphincter - bunched origins of oblique stretch from upper anterior straightening **~ ^**
depressor anguli oris - from chin's bottom edge below lip corners up into these corners ~~some 6 vertebrae above
pectoralis major, sternal part - from sternum length & 6th rib costal part to anterior lateral upper humerus
semispinalis thoracis -from transverse processes of lower 5-6 thoracic vertebrae to spinous processes of **~~^**
interosseous dorsal - from Mt 1 base & adjacent sides of Mt 2-5 to Mt PP2 both sides & PP3-4 lateral sides

^ & ^^ **:** ^ is Part 2's "Inroad Channel" (= Center of Gravity) & ^^ is the "Resulting Structure" (= Day's "Bone")

***Exit correspondents associated with Day 1, Day 2 & Day 3 structures are shown below**							**** Exits**
8:52a - 11:16a **|** Eye part 1 **|**	Peyer's patches	Kidney	RLS 2, p.1	RLS 5, p.1	LLS 9, p.1		Urethra
11:16a - 4:04p **|** Eye part 2 **|**	Aorta	Gallbladder	part 2	part 2	part 2		Armpits
4:04p - 12:52a **|** Eye part 3 **|**	Pyloric gland	Duodenum	part 3	part 3	part 3		Nipples
12:52a - 7:16a **|** Eye part 4 **|**	Cerebellum 3	Liver	part 4	part 4	part 4		Anus
7:16a - 8:04a **|** Eye part 5 **|**	Cerebrum 12	Lat.Vent.,R.B.	part 5	part 5	part 5		Eye
8:04a - 8:52a **|** Eye part 6 **|**	Cranial nerve VI	Nerve T8	part 6	part 6	part 6		Vagina

***** That which is formed is that which is needed to serve in altering organism structures to allow the organism to continually change to accord itself to its constantly altering universe.**

8:52 a.m. 7/2/1939 HUMAN as Bob or Pendulum from Crista Galli as Hook or Pivot for 8/14 - 8/16/2014

DAY 1 BOB HOOK COMPLEX is ETHMOID/Sphenoid BONE with breath through Nasolacrimal Duct (N.D.) & Superior Lacrimal Canaliculus to activate the Inferior Petrosal Sinus thereby arranging the SUPRAMARGINAL GYRUS to align INNER HAIR CELLS OF THE COCHLEA to form Lens, "muscles" are the lateral-most 3-member set (37-39) of 3 equatorial zonular fibers per set.

DAY 2 BOB-A is NASAL/Malleus BONE with 2nd component of breath through Nasolacrimal Duct & Inferior Lacrimal Canaliculus to activate Cavernous Sinus 4 thereby arranging FACIAL NERVE (C.N. VII) to continue proper gyrus function, muscles are the dilator, sphincter and orbitalis of the eye.

DAY 3 BOB HOOK COMPLEX AID (BOB-A) is CX 1/Mc MP4 with 3rd component of breath through Eustacean Tube to activate Saccule of the Ear thereby arranging SPINAL NERVE 13 (T9 Spinal Nerve) to continue proper gyrus function, muscles are as shown.

In order for the above described Bob Hook Complex to approach optimal function, there can be no mis-alignment of its associated bone, muscle and organ structures. In the lower set of boxed columns below, preceded in the upper set by the enabling breath tracts, and aligned to the 6 spectral energy time intervals in 24 hours at left, are the 6 spectral energy associated structures as correlated with each numbered bone further below in the dated boxes. The 3 dated boxes then show the associated bone scaffold for Cx 1 with the muscles for each bone of the scaffold changing through the 3 dates to provide on-going bone adjustment.

TIME INTERVALS corresponding to the 6 periods in 24 hours in which energy need evolved from possible available ranges of spectral energy from radio to gamma rays:	**1** Breath thru nasolacrimal duct into inferior lacrimal canaliculus to activate cavernous sinus 4 & Eye Apparatus:	**2** Breath through Eustacean tube to activate tympanic cells and the	**3** Breath through Eustacean tube to activate saccule of the ear and the	**4** Breath through inferior nasal meatus & incisive canal to activate LLS 3:	**5** Breath through middle nasal meatus & incisive canal to activate LLS 6:	**6** Breath through superior nasal meatus & incisive canal to activate RLS 9:	**EXIT ROUTES** for unincor-porated wave lengths of spectral energy:
8:52am-11:16am >	Part 1 <lymph>	Spleen	Kidney	Part 1	Part 1	Part 1	urethra
11:16am-4:04pm >	Part 2 <blood>	Subclavian Artery	Gallbladder	Part 2	Part 2	Part 2	armpits
4:04pm-12:52am >	Part 3<hormone>	Pancreas	Duodenum	Part 3	Part 3	Part 3	nipples
12:52am-7:16am >	Part 4 <DNA>	Cerebellum 4	Liver	Part 4	Part 4	Part 4	anus
7:16am-8:04am >	Part 5 <RNA>	Cerebrum 13	Lat.Vent., L.B.	Part 5	Part 5	Part 5	eye
8:04am-8:52am >	Part 6 <protein>	Cranial Nerve VII	Nerve T9	Part 6	Part 6	Part 6	vagina

8/14/2014 DAY 1 BOB HOOK COMPLEX above is altered in connection with Bob Center, Upper 1st Pre-Molar (by way of Frontal Sinus), through aegis of the Supramarginal Gyrus.

Associated bones/muscles are (1) Nasal Bone - eye's dilator muscle
(2) Malleus - large intestine, longitudinal fibers

(3) Cx 1
levator labii superioris alaeque nasi

(4) Mc MP4
trapezius, 2nd front part

(5) T7
longus colli, superior oblique part

(6) Mt MP4
extensor hallucis/digitorum brevis

8/15/2014 Day 2 Bob-A below is altered in connection with Bob Center, Superior Nasal Concha's overseen Series of Soft Tissue Structure (by way of Maxillary Sinus), in conjunction with Cranial Nerve VII (Facial).

DAY 2 BOB-A > (1) NASAL BONE - eye's sphincter muscle
Associated bones/muscles are (2) Malleus - large intestine, circular fibers

(3) Cx 1
lateral rectus of eye

(4) Mc MP4
trapezius, middle part

(5) T7
longus colli, vertical part

(6) Mt MP4
extensor hallucis longus

8/16/2014 Day 3 Bob Hook Complex Aid (Bob-A) below is altered in connection with Bob Center,

(1) Nasal Bone - eye's orbitalis muscle
(2) Malleus - large intestine, muscularis mucosa

Pelvic Hip.

(3) CX 1 > DAY 3 BOB-A
mentalis

(4) Mc MP4
trapezius, back part

(5) T7
longus colli, inferior oblique part

(6) Mt MP4
extensor digitorum longus & fibularis tertius

PROCESS FOR ALTERING STRUCTURES
with the following occurances proposed as associated with progress toward optimal functioning

Read boxes from left to right	**Inhalation along given tracts "to" given structures,**	**Likely causes (1) eye tracts to receive spectral energy (with surrogate aid from 6 Exit correspondents*) & intake into**	**And (2) pressure (for alteration) on**	**Exhalation with no collapse of breath tract & structures,**	**Causes (1) pressure (for alteration) on**	**And (2)**	**And (3)**
Day 1 ^ = * see page bottom for each	Superior lacrimal canaliculi "to" Inferior petrosal sinuses**,**	Upper 1st pre-molars ^	Supra-marginal gyri ^^**;**	Sup.lac.can. & Inf. petrosal sinuses & 6 Exit correspondents* & Upper 1st pre-molars ^ & Supramarginal gyri ^^**,**	Upper 1st pre-molars ^ **And intake into** Supra-marginal gyri ^^	Breath "to" Inferior petrosal sinuses to disperse to receiving structures of the brain to serve during inhalation	Exhalation pressure brought to bear on 6 Exit correspondents* to precipitate that which*** will serve possible surrogate, specifically needed spectral energy roles during inhalation**;** unused "spectral energy" pressure of the breath cycle disperses to Exits**.
Day 2 ^ = * see below for each	Inferior lacrimal canaliculi "to" Cavernous sinuses 4**,** (+ CN VII - Facial)	As above but for Peyer's patches, aorta, pylor-ic gland + 3 others ^	As above but for the Nasal bone ^^**;** & Nasal bone ^^**,**	Inf. lac. can. & Cavernous sinuses 4 & 6 Exit correspondents* & Peyer's patches,etc. ^	Peyer's patches, aorta, pyloric gland, etc. ^ (+ CN VII) **And intake into** Nasal bone^^	Breath "to" Cavernous sinuses 4 to disperse to receiving structures of the brain	As above
Day 3 ^ = * see below	Eustacean tubes "to" Saccule of the ears**,**	As above but for Pelvic hip ^	As above but for Cx 1 ^^**;** Pelvic hip ^ & Cx 1 ^^**,**	Eustacean t. & Saccules & 6 Exit correspondents* &	Pelvic hip ^ **And intake into** Cx 1 ^^	Breath "to" Saccules to disperse to receiving destinations	As above

Note: Maintain alignment of L5**/**pisiform, McSs2**/**incus, McSs1**/**hyoid, MtSs1**/**patella.

^/v = up/down arrows **Direction** of **Stretch** for **Muscles on Front** **~ =** line continuance ic tenia in 24 hours

large intestine, longitudinal fibers -from ileal orifice area, maybe omental fiber rows, then free, then mesocol**-^**
levator labii superioris alaeque nasi - from just below inner corner of eye into side of nose and lip below
trapezius, 2nd front part - from occipital's posterior point (external occipital protuberance) to front acromion
longus colli, superior oblique part - from anterolateral T3-T2 bodies to anterolateral C1 body Mt PP1-4
extensor hallucis/digitorum brevis - from dorsal/lateral calcaneus, as tendons to extensor longus tendons at**^**

large intestine, circular fibers - bands of encircling fibers from end to beginning of large intestine
lateral rectus of eye - from lateral surface of eyeball to common tendinous ring around optic nerve
trapezius, middle part - from scapula's dorsal acromion to ligamentum nuchae above C7 spinous process
longus colli, vertical part - from anterolateral C2-C4 bodies to anterolateral C5-T3 bodies
extensor hallucis longus - from Mt DP1 anterior base to middle medial fibula/interosseous membrane

large intestine, muscularis mucosa - oblique fibers from area of last circular fiber's end, 1st laterally, then **~ v**
mentalis - centrally from chin's tip to mandible's depression below incisive teeth (incisive fossa)
trapezius, back part - from T12-T1 & C7 spinous processes to upper border of spine of scapula tubercles
longus colli, inferior oblique part - from anterolateral T3-T2 bodies to C6-C5 transverse processes' anterior **^**
extensor digitorum longus & fibularis tertius - from tibia's lateral condyle & anteromedial fibula, then down **~~v**

~ toward 1st longitudinal fiber's end ~~ anterior fibula into medial tendon to Mt MP/DP2-5 anterior bases

^ & ^^ **:** ^ is Part 2's "Inroad Channel" (= Center of Gravity) & ^^ is the "Resulting Structure" (= Day's "Bone")

***Exit correspondents associated with Day 1, Day 2 & Day 3 structures are shown below**						**** Exits**
8:52a - 11:16a **|** Eye part 1 **|**	Spleen	Kidney	LLS 3, p.1	LLS 6, p.1	RLS 9, p.1	Urethra
11:16a - 4:04p **|** Eye part 2 **|**	Subclavian Artery	Gallbladder	part 2	part 2	part 2	Armpits
4:04p - 12:52a **|** Eye part 3 **|**	Pancreas	Duodenum	part 3	part 3	part 3	Nipples
12:52a - 7:16a **|** Eye part 4 **|**	Cerebellum 4	Liver	part 4	part 4	part 4	Anus
7:16a - 8:04a **|** Eye part 5 **|**	Cerebrum 13	Lat.Vent**.,** L.B.	part 5	part 5	part 5	Eye
8:04a - 8:52a **|** Eye part 6 **|**	Cranial n. VII	Nerve T9	part 6	part 6	part 6	Vagina

***** Being that which is needed to allow constant organism alteration for constant universe change.**

8:52 a.m. 7/2/1939 HUMAN as Bob or Pendulum from Crista Galli as Hook or Pivot for 8/17 - 8/19/2014

DAY 1 BOB HOOK COMPLEX is Ethmoid/SPHENOID BONE with breath through Nasolacrimal Duct (N.D.) & Superior Lacrimal Canaliculus to activate the Inferior Petrosal Sinus thereby arranging the SUPERIOR TEMPORAL GYRUS to align INNER HAIR CELLS OF THE COCHLEA to form Lens, "muscles" are the lower, lateral quadrant 3-member set (40-42) of 3 equatorial zonular fibers per set.

DAY 2 BOB-A is FRONTAL/Incus BONE with 2nd component of breath through N.D. & Inferior Lacrimal Canaliculus to activate Cavernous Sinus 4 thereby arranging VESTIBULOCOCHLEAR NERVE (C.N. VIII) to continue proper gyrus function, muscles are the dilator, sphincter and orbitalis of the eye.

DAY 3 BOB HOOK COMPLEX AID (BOB-A) is CX 2/Capitate Bone with 3rd component of breath through Eustacean Tube to activate Saccule of the Ear thereby arranging SPINAL NERVE 14 (T10 Spinal Nerve) to continue proper gyrus function, muscles are as shown.

In order for the above described Bob Hook Complex to approach optimal function, there can be no mis-alignment of its associated bone, muscle and organ structures. In the lower set of boxed columns below, preceded in the upper set by the enabling breath tracts, and aligned to the 6 spectral energy time intervals in 24 hours at left, are the 6 spectral energy associated structures as correlated with each numbered bone further below in the dated boxes. The 3 dated boxes then show the associated bone scaffold for Cx 2 with the muscles for each bone of the scaffold changing through the 3 dates to provide on-going bone adjustment.

TIME INTERVALS corresponding to the 6 periods in 24 hours in which energy need evolved from possible available ranges of spectral energy from radio to gamma rays:	**1** Breath thru nasolacrimal duct into inferior lacrimal canaliculus to activate cavernous sinus 4 & Eye Apparatus:	**2** Breath through Eustacean tube to activate tympanic cells and the	**3** Breath through Eustacean tube to activate saccule of the ear and the	**4** Breath through inferior nasal meatus & incisive canal to activate LLS 3:	**5** Breath through middle nasal meatus & incisive canal to activate LLS 6:	**6** Breath through superior nasal meatus & incisive canal to activate RLS 9:	**EXIT ROUTES** for unincor-porated wave lengths of spectral energy:
8:52am-11:16am >	Part 1 <lymph>	Spleen	Kidney	Part 1	Part 1	Part 1	urethra
11:16am-4:04pm >	Part 2 <blood>	Subclavian Artery	Gallbladder	Part 2	Part 2	Part 2	armpits
4:04pm-12:52am >	Part 3<hormone>	Pancreas	Duodenum	Part 3	Part 3	Part 3	nipples
12:52am-7:16am >	Part 4 <DNA>	Cerebellum 4	Liver	Part 4	Part 4	Part 4	anus
7:16am-8:04am >	Part 5 <RNA>	Cerebrum 14	Lat.Vent., L.B.	Part 5	Part 5	Part 5	eye
8:04am-8:52am >	Part 6 <protein>	Cranial Nerve VIII	Nerve T10	Part 6	Part 6	Part 6	vagina

8/17/2014 DAY 1 BOB HOOK COMPLEX above is altered in connection with Bob Center, Lower 1st Pre-Molar (by way of Frontal Sinus), through aegis of the Superior Temporal Gyrus.

Associated bones/muscles are (1) Frontal Bone - eye's dilator muscle
(2) Incus - rectum, longitudinal fibers

(3) Cx 2
auricularis anterior

(4) Capitate
rhomboid minor

(5) Rib 7
rectus capitis anterior

(6) Cuneiform Lateral
gastrocnemius, medial head

8/18/2014 Day 2 Bob Hook Complex Aid (Bob-A) below is altered in connection with Bob Center, L2 (by way of Maxillary Sinus), in conjunction with Cranial Nerve VIII (Vestibulocochlear).

DAY 2 BOB-A > (1) FRONTAL BONE - eye's sphincter muscle
Associated bones/muscles are (2) Incus - rectum, circular fibers

(3) Cx 2
auricularis superior

(4) Capitate
levator scapulae

(5) Rib 7
oblique capitis superior

(6) Cuneiform Lateral
plantaris

8/19/2014 Day 3 Bob Hook Complex Aid (Bob-A) below is altered in connection with Bob Center,

(1) Frontal Bone - eye's orbitalis muscle
(2) Incus - rectum, muscularis mucosa

Upper Hip.

(3) CX 2 > DAY 3 BOB-A
auricularis posterior

(4) Capitate
rhomboid major

(5) Rib 7
rectus capitis lateralis

(6) Cuneiform Lateral
gastrocnemius, lateral head

PROCESS FOR ALTERING STRUCTURES

with the following occurances proposed as associated with progress toward optimal functioning

Read boxes from left to right	**Inhalation along given tracts "to" given structures,**	**Likely causes (1) eye tracts to receive spectral energy (with surrogate aid from 6 Exit correspondents*) & intake into**	**And (2) pressure (for alteration) on**	**Exhalation with no collapse of breath tract & structures,**	**Causes (1) pressure (for alteration) on**	**And (2)**	**And (3)**
Day 1 ^ = * see page bottom for each	Superior lacrimal canaliculi "to" Inferior petrosal sinuses,	Lower 1st pre-molars ^	Superior temporal gyri ^^;	Sup.lac.can. & Inf. petrosal sinuses & 6 Exit correspondents* & Lower 1st pre-molars^ & Superior temporal gyri ^^,	Lower 1st pre-molars ^ **And intake into** Superior temporal gyri ^^	Breath "to" Inferior petrosal sinuses to disperse to receiving structures of the brain to serve during inhalation	Exhalation pressure brought to bear on 6 Exit correspondents* to precipitate that which*** will serve possible surrogate, specifically needed spectral energy roles during inhalation; unused "spectral energy" pressure of the breath cycle disperses to Exits**.
Day 2 ^ = * see below for each	Inferior lacrimal canaliculi "to" Cavernous sinuses 4,	As above but for L2 ^ (+ CN VIII, i.e. Cranial nerve VIII, Vestibulo-cochlear)	As above but for the Frontal bone ^^ ;	Inf. lac. can. & Cavernous sinuses 4 & 6 Exit correspondents* & L2^ (+ CN VIII) & Frontal bone ^^,	L2 ^ (+ CN VIII) **And intake into** Frontal bone ^^	Breath "to" Cavernous sinuses 4 to disperse to receiving structures of the brain	As above
Day 3 ^ = * see below	Eustacean tubes "to" Saccule of the ears,	As above but for Upper hip ^	As above but for Cx 2 ^^; Upper hip ^ & Cx 2 ^^,	Eustacean t. & Saccules & 6 Exit correspondents* &	Upper hip ^ **And intake into** Cx 2 ^^	Breath "to" Saccule of ears to disperse to receiving destinations	As above

Note: Maintain alignment of L5**/**pisiform, McSs2**/**incus, McSs1**/**hyoid, MtSs1**/**patella.

^ = up arrow **Direction** of **Stretch** for **Muscles** on **Front** of **Page** **~ =** line continuance in this section

rectum, longitudinal fibers - from anterior beginning to anterior end, then longitudinal rows around rectum
auricularis, anterior - from front section of temporal fascia near ear to helix's spine on helix's upper front
rhomboid minor - from C7/T1 spin. proc. down to scapula's medial border at its spine | part of occipital bone
rectus capitis anterior - from along more inner top surface of C1 trans.proc.angled acutely in toward basilar **^**
gastrocnemius, medial head - from femur's medial epicondyle area into calcaneal tendon at mid-calf

rectum, circular fibers - from posterior end to make around-circling rows along to posterior beginning
auricularis, superior - from behind top of ear to epicranial membrane (aponeurosis) above ear | processes
levator scapulae - from scapula medial border above its spine up to C4-3 post. tubercles & C2-1 transverse **^**
oblique capitis superior - from occipital bone between nuchal lines to end of C1 transverse process
plantaris - from calcaneus medial posterior top as tendon, then muscle to above gastrocnemius lateral head

rectum, muscularis mucosa - bunched origin of oblique fibers from last circular fiber's end area, each more**~v**
auricularis, posterior - from temporal bone's mastoid process straight forward to behind the ear
rhomboid major - from T2-T5 spinous processes down to scapula's medial border below its spine | process
rectus capitis lateralis - from along outer end of C1 trans. proc. angled out slightly to occipital bone's jugular **^**
gastrocnemius, lateral head - from femur's lateral epicondyle area into calcaneal tendon at mid-calf

~ medially originating fiber straightening toward first longitudinal fiber's end area

^ & ^^ **:** ^ is Part 2's "Inroad Channel" (= Center of Gravity) & ^^ is the "Resulting Structure" (= Day's "Bone")

***Exit correspondents associated with Day 1, Day 2 & Day 3 structures are shown below**						** Exits
8:52a - 11:16a **|**Eye part 1**|**	Spleen	Kidney	LLS 3, p.1	LLS 6, p.1	RLS 9, p.1	Urethra
11:16a - 4:04p **|**Eye part 2**|**	Subclavian Artery	Gallbladder	part 2	part 2	part 2	Armpits
4:04p - 12:52a **|**Eye part 3**|**	Pancreas	Duodenum	part 3	part 3	part 3	Nipples
12:52a - 7:16a **|**Eye part 4**|**	Cerebellum 4	Liver	part 4	part 4	part 4	Anus
7:16a - 8:04a **|**Eye part 5**|**	Cerebrum 14	Lat.Vent**.,** L.B.	part 5	part 5	part 5	Eye
8:04a - 8:52a **|**Eye part 6**|**	Cranial nerve VIII	Nerve T10	part 6	part 6	part 6	Vagina

*** **Being that which is needed to allow constant organism alteration for constant universe change.**

8:52 a.m. 7/2/1939 HUMAN as Bob or Pendulum from Crista Galli as Hook or Pivot for 8/20 - 8/22/2014

DAY 1 BOB HOOK COMPLEX is ETHMOID+LACRIMAL/Sphenoid BONE with breath through Nasolacrimal Duct (N.D.) & Superior Lacrimal Canaliculus to activate the Inferior Petrosal Sinus thereby arranging the MIDDLE TEMPORAL GYRUS to align OUTER HAIR CELLS OF THE COCHLEA to form Lens,
"muscles" are the lower, lateral quadrant 3-member set (43-45) of 3 equatorial zonular fibers per set.

DAY 2 BOB-A is NASAL/Upper Hip BONE with 2nd component of breath through Nasolacrimal Duct & Inferior Lacrimal Canaliculus to activate Cavernous Sinus 4 thereby arranging FACIAL NERVE (C.N. VII) to continue proper gyrus function, muscles are the dilator, sphincter and orbitalis of the eye.

DAY 3 BOB HOOK COMPLEX AID (BOB-A) is CX 3/Mc DP4 with 3rd component of breath through Eustacean Tube to activate Saccule of the Ear thereby arranging SPINAL NERVE 15 (T11 Spinal Nerve) to continue proper gyrus function, muscles are as shown.

In order for the above described Bob Hook Complex to approach optimal function, there can be no mis-alignment of its associated bone, muscle and organ structures. In the lower set of boxed columns below, preceded in the upper set by the enabling breath tracts, and aligned to the 6 spectral energy time intervals in 24 hours at left, are the 6 spectral energy associated structures as correlated with each numbered bone further below in the dated boxes. The 3 dated boxes then show the associated bone scaffold for Cx 3 with the muscles for each bone of the scaffold changing through the 3 dates to provide on-going bone adjustment.

TIME INTERVALS corresponding to the 6 periods in 24 hours in which energy need evolved from possible available ranges of spectral energy from radio to gamma rays:	1 Breath thru nasolacrimal duct into inferior lacrimal canaliculus to activate cavernous sinus 4 & Eye Apparatus:	2 Breath through Eustacean tube to activate tympanic cells and the	3 Breath through Eustacean tube to activate saccule of the ear and the	4 Breath through inferior nasal meatus & incisive canal to activate LLS 3:	5 Breath through middle nasal meatus & incisive canal to activate LLS 6:	6 Breath through superior nasal meatus & incisive canal to activate RLS 9:	EXIT ROUTES for unincor-porated wave lengths of spectral energy:
8:52am-11:16am >	Part 1 <lymph>	Spleen	Kidney	Part 1	Part 1	Part 1	urethra
11:16am-4:04pm >	Part 2 <blood>	Subclavian Artery	Gallbladder	Part 2	Part 2	Part 2	armpits
4:04pm-12:52am >	Part 3<hormone>	Pancreas	Duodenum	Part 3	Part 3	Part 3	nipples
12:52am-7:16am >	Part 4 <DNA>	Cerebellum 4	Liver	Part 4	Part 4	Part 4	anus
7:16am-8:04am >	Part 5 <RNA>	Cerebrum 15	Lat.Vent., L.B.	Part 5	Part 5	Part 5	eye
8:04am-8:52am >	Part 6 <protein>	Cranial Nerve VII	Nerve T11	Part 6	Part 6	Part 6	vagina

8/20/2014 DAY 1 BOB HOOK COMPLEX above is altered in connection with Bob Center, Medial Sesamoid of Mt Ss 1 (by way of balanced, full Mt Ss 1), through aegis of Middle Temporal Gyrus.

Associated bones/muscles are (1) Nasal Bone - eye's dilator muscle
(2) Upper Hip - conjoined longitudinal (rectum/levator ani)

(3) Cx 3
levator labii superioris

(4) Mc DP4
triceps brachii, long head

(5) T8
rectus capitis posterior minor

(6) Mt DP4
flexor digitorum brevis

8/21/2014 Day 2 Bob-A below is altered in connection with Bob Center, Superior Nasal Concha's overseen Series of Soft Tissue Structure (by way of Maxillary Sinus), in conjunction with Cranial Nerve VII (Facial).

DAY 2 BOB-A > (1) NASAL BONE - eye's sphincter muscle
Associated bones/muscles are (2) Upper Hip - internal anal sphincter

(3) Cx 3
superior rectus of eye

(4) Mc DP4
triceps brachii, medial head

(5) T8
longus capitis

(6) Mt DP4
flexor digiti minimi brevis

8/22/2014 Day 3 Bob Hook Complex Aid (Bob-A) below is altered in connection with Bob Center, Incus.

(1) Nasal Bone - eye's orbitalis muscle
(2) Upper Hip - anal canal, muscularis mucosa

(3) CX 3 > DAY 3 BOB-A
depressor labii inferioris

(4) Mc DP4
triceps brachii, lateral head

(5) T8
rectus capitis posterior major

(6) Mt DP4
flexor digitorum longus

PROCESS FOR ALTERING STRUCTURES
with the following occurances proposed as associated with progress toward optimal functioning

Read boxes from left to right	**Inhalation along given tracts "to" given structures,**	**Likely causes (1) eye tracts to receive spectral energy (with surrogate aid from 6 Exit correspondents*) & intake into**	**And (2) pressure (for alteration) on**	**Exhalation with no collapse of breath tract & structures,**	**Causes (1) pressure (for alteration) on**	**And (2)**	**And (3)**
Day 1 ^ = * see page bottom for each	Superior lacrimal canaliculi "to" Inferior petrosal sinuses,	Medial sesamoid of Mt Ss 1s ^	Lacrimal bones ^^ as well as Middle temporal gyri ^^;	Sup.lac.can. & Inf. petrosal sinuses & 6 Exit correspondents* & Medial Ss of Mt Ss 1s ^ & Lacrimal bones ^^ & Middle temporal gyri ^^,	Medial sesamoid of Mt Ss 1s ^ **And intake into** Lacrimal bones ^^ as well as Middle temporal gyri ^^	Breath "to" Inferior petrosal sinuses to disperse to receiving structures of the brain to serve during inhalation	Exhalation pressure brought to bear on 6 Exit correspondents* to precipitate that which*** will serve possible surrogate, specifically needed spectral energy roles during inhalation; unused "spectral energy" pressure of the breath cycle disperses to Exits**.
Day 2 ^ = * see below for each	Inferior lacrimal canaliculi "to" Cavernous sinuses 4, (+ CN VII - Facial)	As above but for Peyer's patches, aorta, pylor-ic gland + 3 others ^	As above but for the Nasal bone ^^;	Inf. lac. can. & Cavernous sinuses 4 & 6 Exit correspondents* & Peyer's patches,etc. ^ & Nasal bone ^^,	Peyer's patches, aorta, pyloric gland, etc. ^ (+ CN VII) **And intake into** Nasal bone^^	Breath "to" Cavernous sinuses 4 to disperse to receiving structures of the brain	As above
Day 3 ^ = * see below	Eustacean tubes "to" Saccule of the ears,	As above but for Incudes ^	As above but for Cx 3 ^^ ;	Eustacean t. & Saccules & 6 Exit correspondents* & Incudes ^ & Cx 3 ^^,	Incudes ^ **And intake into** Cx 3 ^^	Breath "to" Saccule of ears to disperse to receiving destinations	As above

Note: Maintain alignment of L5**/**pisiform, McSs2**/**incus, McSs1**/**hyoid, MtSs1**/**patella.

v/^ = down/up arrows **Direction** of **Stretch** for **Muscles** on **Front** of **Page** ~ **=** line continuance in this section

conjoined longitudinal (rectum/levator ani) - from top front of internal anus in longitudinal rows around in **v**
levator labii superioris - from under eye's medial section in to lip just below nose's outer limit | 24 hours
triceps brachii, long head - from scapula's upper lateral border at humerus into tendon to olecranon, elbow point
rectus capitis posterior minor - from posterior tubercle of C1 (atlas) to occipital b.'s medial inferior nuchal line
flexor digitorum brevis - from calcaneus (heel) into tendons to Mt MP2-5 | back of internal anus
internal anal sphincter - from area of end of last longitudinal fiber in circling bands with origins back to top **^**
superior rectus of eye - from eyeball's top in to tendinous ring at optic canal's exit from eye socket
triceps brachii, medial head - from olecranon to humerus's lower 1/2 posterior surface / upper medial border
longus capitis - from occipital's inferior basilar part slightly out to C3-C6 transverse processes
flexor digiti minimi brevis - from outer side of Mt PP5's plantar base to area of Mt 5's plantar base
anal canal, muscularis mucosa - rows of oblique fibers fanning from area of last circular fiber's end, at first **v**
depressor labii inferioris - from lateral bottom of chin up to blend medially beneath lip | laterally, then to 1st **~**
triceps brachii, lateral head - from upper posterior humerus into tendon to top of posterior ulna, its olecranon
rectus capitis posterior major - from spinous process of C2 (axis) to occipital b.'s lateral inferior nuchal line
flexor digitorum longus - from central medial posterior tibia to Mt DP2-5 plantar bases | **~**longitudinal fiber end

^ & ^^ **:** ^ is Part 2's "Inroad Channel" (= Center of Gravity) & ^^ is the "Resulting Structure" (= Day's "Bone")

***Exit correspondents associated with Day 1, Day 2 & Day 3 structures are shown below**						**** Exits**
8:52a - 11:16a **|**Eye part 1**|**	Spleen	Kidney	LLS 3, p.1	LLS 6, p.1	RLS 9, p.1	Urethra
11:16a - 4:04p **|**Eye part 2**|**	Subclavian Artery	Gallbladder	part 2	part 2	part 2	Armpits
4:04p - 12:52a **|**Eye part 3**|**	Pancreas	Duodenum	part 3	part 3	part 3	Nipples
12:52a - 7:16a **|**Eye part 4**|**	Cerebellum 4	Liver	part 4	part 4	part 4	Anus
7:16a - 8:04a **|**Eye part 5**|**	Cerebrum 15	Lat.Vent**.,** L.B.	part 5	part 5	part 5	Eye
8:04a - 8:52a **|**Eye part 6**|**	Cranial nerve VII	Nerve T11	part 6	part 6	part 6	Vagina

***** That which is formed is that which is needed to serve in altering organism structures to allow the organism to continually change to accord itself to its constantly altering universe.**

8:52 a.m. 7/2/1939 HUMAN as Bob or Pendulum from Crista Galli as Hook or Pivot for 8/23 - 8/25/2014

DAY 1 BOB HOOK COMPLEX is Ethmoid/SPHENOID+MAXILLA BONE with breath through Nasolacrimal Duct (N.D.) & Superior Lacrimal Canaliculus to activate the Inferior Petrosal Sinus thereby arranging the INFERIOR TEMPORAL GYRUS to align OUTER HAIR CELLS OF THE COCHLEA to form Lens, "muscles" are the lower, lateral quadrant 3-member set (46-48) of 3 equatorial zonular fibers per set.

DAY 2 BOB-A is FRONTAL/Pelvic Hip BONE with 2nd component of breath through N.D. & Inferior Lacrimal Canaliculus to activate Cavernous Sinus 4 thereby arranging VESTIBULOCOCHLEAR NERVE (C.N. VIII) to continue proper gyrus function, muscles are the dilator, sphincter and orbitalis of the eye.

DAY 3 BOB HOOK COMPLEX AID (BOB-A) is CX 4/Hamate Bone with 3rd component of breath through Eustacean Tube to activate Saccule of the Ear thereby arranging SPINAL NERVE 16 (T12 Spinal Nerve) to continue proper gyrus function, muscles are as shown.

In order for the above described Bob Hook Complex to approach optimal function, there can be no mis-alignment of its associated bone, muscle and organ structures. In the lower set of boxed columns below, preceded in the upper set by the enabling breath tracts, and aligned to the 6 spectral energy time intervals in 24 hours at left, are the 6 spectral energy associated structures as correlated with each numbered bone further below in the dated boxes. The 3 dated boxes then show the associated bone scaffold for Cx 4 with the muscles for each bone of the scaffold changing through the 3 dates to provide on-going bone adjustment.

TIME INTERVALS corresponding to the 6 periods in 24 hours in which energy need evolved from possible available ranges of spectral energy from radio to gamma rays:	1 Breath thru nasolacrimal duct into inferior lacrimal canaliculus to activate cavernous sinus 4 & Eye Apparatus:	2 Breath through Eustacean tube to activate tympanic cells and the	3 Breath through Eustacean tube to activate saccule of the ear and the	4 Breath through inferior nasal meatus & incisive canal to activate LLS 3:	5 Breath through middle nasal meatus & incisive canal to activate LLS 6:	6 Breath through superior nasal meatus & incisive canal to activate RLS 9:	EXIT ROUTES for unincor-porated wave lengths of spectral energy:
8:52am-11:16am >	Part 1 <lymph>	Spleen	Kidney	Part 1	Part 1	Part 1	urethra
11:16am-4:04pm >	Part 2 <blood>	Subclavian Artery	Gallbladder	Part 2	Part 2	Part 2	armpits
4:04pm-12:52am >	Part 3<hormone>	Pancreas	Duodenum	Part 3	Part 3	Part 3	nipples
12:52am-7:16am >	Part 4 <DNA>	Cerebellum 4	Liver	Part 4	Part 4	Part 4	anus
7:16am-8:04am >	Part 5 <RNA>	Cerebrum 16	Lat.Vent., L.B.	Part 5	Part 5	Part 5	eye
8:04am-8:52am >	Part 6 <protein>	Cranial Nerve VIII	Nerve T12	Part 6	Part 6	Part 6	vagina

8/23/2014 DAY 1 BOB HOOK COMPLEX above is altered in connection with Bob Center, L5 (by way of balanced, full Mt Ss 1), through aegis of Inferior Temporal Gyrus.

Associated bones/muscles are (1) Frontal Bone - eye's dilator muscle
(2) Pelvic Hip - corrugator cutis ani /conjoined longitudinal

(3) Cx 4
lateral pterygoid, inferior head

(4) Hamate
coracobrachialis

(5) Rib 8
semispinalis capitis, medial

(6) Cuboid
biceps femoris, short head

8/24/2014 Day 2 Bob Hook Complex Aid (Bob-A) below is altered in connection with Bob Center, L2 (by way of Maxillary Sinus), in conjunction with Cranial Nerve VIII (Vestibulocochlear).

DAY 2 BOB-A > (1) FRONTAL BONE - eye's sphincter muscle
Associated bones/muscles are (2) Pelvic Hip - external anal sphincter

(3) Cx 4
medial pterygoid

(4) Hamate
abductor pollicis longus

(5) Rib 8
splenius capitis

(6) Cuboid
quadratus femoris

8/25/2014 Day 3 Bob Hook Complex Aid (Bob-A) below is altered in connection with Bob Center,

(1) Frontal Bone - eye's orbitalis muscle **Malleus.**
(2) Pelvic Hip - levator ani

(3) CX 4 > DAY 3 BOB-A
lateral pterygoid, superior head

(4) Hamate
brachialis

(5) Rib 8
semispinalis capitis, lateral

(6) Cuboid
biceps femoris, long head

PROCESS FOR ALTERING STRUCTURES
with the following occurances proposed as associated with progress toward optimal functioning

Read boxes from left to right	**Inhalation along given tracts "to" given structures,**	**Likely causes (1) eye tracts to receive spectral energy (with surrogate aid from 6 Exit correspondents*) & intake into**	**And (2) pressure (for alteration) on**	**Exhalation with no collapse of breath tract & structures,**	**Causes (1) pressure (for alteration) on**	**And (2)**	**And (3)**
Day 1 ^ = * see page bottom for each	Superior lacrimal canaliculi "to" Inferior petrosal sinuses**,**	L5 ^	Maxilla bone ^^ as well as Inferior temporal gyri ^^**;**	Sup.lac.can. & Inf. petrosal sinuses & 6 Exit correspondents* & L5 ^ & Maxilla bone ^^ & Inferior temporal gyri ^^**,**	**And intake into** Maxilla bone ^^ as well as Inferior temporal gyri ^^	Breath "to" Inferior petrosal sinuses to disperse to receiving structures of the brain to serve during inhalation	Exhalation pressure brought to bear on 6 Exit correspondents* to precipitate that which*** will serve possible surrogate, specifically needed spectral energy roles during inhalation**;** unused "spectral energy" pressure of the breath cycle disperses to Exits**.
Day 2 ^ = * see below for each	Inferior lacrimal canaliculi "to" Cavernous sinuses 4**,**	As above but for L2 ^ (+ CN VIII, i.e. Cranial nerve VIII, Vestibulocochlear)	As above but for the Frontal bone ^^ **;**	Inf. lac. can. & Cavernous sinuses 4 & 6 Exit correspondents* & L2^ (+ CN VIII) & Frontal bone ^^**,**	L2 ^ (+ CN VIII) **And intake into** Frontal bone ^^	Breath "to" Cavernous sinuses 4 to disperse to receiving structures of the brain	As above
Day 3 ^ = * see below	Eustacean tubes "to" Saccule of the ears**,**	As above but for Mallei ^	As above but for Cx 4 ^^**;**	Eustacean t. & Saccules & 6 Exit correspondents* & Mallei ^ & Cx 4 ^^**,**	Mallei ^ **And intake into** Cx 4 ^^	Breath "to" Saccule of ears to disperse to receiving destinations	As above

Note: Maintain alignment of L5**/**pisiform, McSs2**/**incus, McSs1**/**hyoid, MtSs1**/**patella.

Direction of **Stretch** for **Muscles** on **Front** of **Page**

around internal anal sphincter musculature
corrugator cutis ani /conjoined longitudinal - from front intersphincteric groove in outward, upward rows **^**
lateral pterygoid, inferior head - from upper lateral sphenoid's lateral pterygoid plate to condyle's neck's area
coracobrachialis - from scapula's corocoid process to humerus's medial surface at its middle
semispinalis capitis, medial - from T6-T1, C7 transverse proc. to medial occipital bone between nuchal lines
biceps femoris, short head - from posterior lower 1/2 femur, lateral to center, to lateral side of head of fibula

external anal sphincter - from last corrugator cutis ani fiber end in downward bands around internal anus
medial pterygoid - from mandible's angle/ramus to inside sphenoid's lateral pterygoid plate by its sinus
abductor pollicis longus -from top back Mc 1 to posterior mid-radius across membrane & up lower mid-ulna
splenius capitis -from mastoid proc.& far lateral occipital b. to ligumentum above C7& C7/T1-T4 spinous proc.
quadratus femoris - from greater trochanter mid-back edge to ishial tuberosity lateral juncture at ischium body

levator ani - rows from area of first corrugator cutis ani fiber origin, rows curving to levator's tendinous arch
lateral pterygoid, superior head - from lower lateral sphenoid bone's greater wing to area of neck of condyle
brachialis - from lower 1/2 of anterior humerus to ulna's anterior top, i.e. coronoid process & tuberosity
semispinalis capitis, lateral - from T6-T1 & C7 transverse proc. to lateral occipital bone between nuchal lines
biceps femoris, long head - from middle portion of posterior ishial tuberosity to lateral side of head of fibula

^ & ^^ **:** ^ is Part 2's "Inroad Channel" (= Center of Gravity) & ^^ is the "Resulting Structure" (= Day's "Bone")

***Exit correspondents associated with Day 1, Day 2 & Day 3 structures are shown below**						**** Exits**
8:52a - 11:16a **|** Eye part 1 **|**	Spleen	Kidney	LLS 3, p.1	LLS 6, p.1	RLS 9, p.1	Urethra
11:16a - 4:04p **|** Eye part 2 **|**	Subclavian Artery	Gallbladder	part 2	part 2	part 2	Armpits
4:04p - 12:52a **|** Eye part 3 **|**	Pancreas	Duodenum	part 3	part 3	part 3	Nipples
12:52a - 7:16a **|** Eye part 4 **|**	Cerebellum 4	Liver	part 4	part 4	part 4	Anus
7:16a - 8:04a **|** Eye part 5 **|**	Cerebrum 16	Lat.Vent**.,** L.B.	part 5	part 5	part 5	Eye
8:04a - 8:52a **|** Eye part 6 **|**	Cranial nerve VIII	Nerve T12	part 6	part 6	part 6	Vagina

***** That which is formed is that which is needed to serve in altering organism structures to allow the organism to continually change to accord itself to its constantly altering universe.**

8:52 a.m. 7/2/1939 HUMAN as Bob or Pendulum from Crista Galli as Hook or Pivot for 8/26 - 8/28/2014

DAY 1 BOB HOOK COMPLEX is ETHMOID+LAT. MT SS/Sphenoid BONE with breath through Nasolacrimal Duct (N.D.) & Superior Lacrimal Canaliculus to activate the Superior Sagittal Sinus thereby arranging the ANGULAR GYRUS to align PRIMARY OLFACTORY SYSTEM to form Lens,
"muscles" are the lower, lateral quadrant 3-member set (49-51) of 3 equatorial zonular fibers per set.

DAY 2 BOB-A is NASAL/Stapes BONE with 2nd component of breath through N.D. & Inferior Lacrimal Canaliculus to activate Cavernous Sinus 5 thereby arranging GLOSSOPHARYNGEAL NERVE (C.N. IX) to continue proper gyrus function, muscles are the dilator, sphincter and orbitalis of the eye.

DAY 3 BOB HOOK COMPLEX AID (BOB-A) is L1/Mc 3 with 3rd component of breath through Eustacean Tube to activate Cochlea's Outer Hair Cells thereby arranging SPINAL NERVE 17 (L1 Spinal Nerve) to continue proper gyrus function, muscles are as shown.

In order for the above described Bob Hook Complex to approach optimal function, there can be no mis-alignment of its associated bone, muscle and organ structures. In the lower set of boxed columns below, preceded in the upper set by the enabling breath tracts, and aligned to the 6 spectral energy time intervals in 24 hours at left, are the 6 spectral energy associated structures as correlated with each numbered bone further below in the dated boxes. The 3 dated boxes then show the associated bone scaffold for L1 with the muscles for each bone of the scaffold changing through the 3 dates to provide on-going bone adjustment.

TIME INTERVALS corresponding to the 6 periods in 24 hours in which energy need evolved from possible available ranges of spectral energy from radio to gamma rays:	1 Breath thru nasolacrimal duct into inferior lacrimal canaliculus to activate cavernous sinus 5 & Eye Apparatus:	2 Breath through superior nasal meatus to activate sphenoid sinus and the	3 Breath through Eustacean tube to activate cochlea's outer hair cells and the	4 Breath through inferior nasal meatus & incisive canal to activate RLS 3:	5 Breath through middle nasal meatus & incisive canal to activate RLS 6:	6 Breath through superior nasal meatus & incisive canal to activate LLS 10:	EXIT ROUTES for unincorporated wave lengths of spectral energy:
8:52am-11:16am >	Part 1 <lymph>	Thymus	Kidney	Part 1	Part 1	Part 1	urethra
11:16am-4:04pm >	Part 2 <blood>	Celiac Trunk	Gallbladder	Part 2	Part 2	Part 2	armpits
4:04pm-12:52am >	Pt. 3 <hormone>	Suprarenal Gland	Duodenum	Part 3	Part 3	Part 3	nipples
12:52am-7:16am >	Part 4 <DNA>	Cerebellum 5	Liver	Part 4	Part 4	Part 4	anus
7:16am-8:04am >	Part 5 <RNA>	Cerebrum 17	3rd Ventricle	Part 5	Part 5	Part 5	eye
8:04am-8:52am >	Part 6 <protein>	Cranial Nerve IX	Nerve L1	Part 6	Part 6	Part 6	vagina

8/26/2014 DAY 1 BOB HOOK COMPLEX above is altered in connection with Bob Center, Upper Canine (by way of balanced, full Mt Ss 1), through aegis of the Angular Gyrus.

Associated bones/muscles are (1) Nasal Bone - eye's dilator muscle
(2) Stapes - internal oblique abdominus & cremaster

(3) L1
zygomaticus minor

(4) Mc 3
adductor pollicis, oblique head

(5) T9
palatopharyngeus

(6) Mt 3
vastus medialis

8/27/2014 Day 2 Bob-A below is altered in connection with Bob Center, Superior Nasal Concha's overseen Series of Soft Tissue Structure (by way of Maxillary Sinus), in conjunction with Cranial Nerve VII (Facial).

DAY 2 BOB-A > (1) NASAL BONE - eye's sphincter muscle
Associated bones/muscles are (2) Stapes - rectus abdominus, 1st part

(3) L1
helicis minor

(4) Mc 3
abductor pollicis brevis

(5) T9
inferior pharyngeal constrictor

(6) Mt 3
vastus intermedius

8/28/2014 Day 3 Bob Hook Complex Aid (Bob-A) below is altered in connection with Bob Center,

(1) Nasal Bone - eye's orbitalis muscle **the Limen Nasi,**
(2) Stapes - external oblique abdominus **possibly.**

(3) L1 > DAY 3 BOB-A
zygomaticus major

(4) Mc 3
adductor pollicis, transverse head

(5) T9
stylopharyngeus

(6) Mt 3
vastus lateralis

PROCESS FOR ALTERING STRUCTURES
with the following occurances proposed as associated with progress toward optimal functioning

Read boxes from left to right	**Inhalation along given tracts "to" given structures,**	**Likely causes (1) eye tracts to receive spectral energy (with surrogate aid from 6 Exit correspondents*) & intake into**	**And (2) pressure (for alteration) on**	**Exhalation with no collapse of breath tract & structures,**	**Causes (1) pressure (for alteration) on**	**And (2)**	**And (3)**
Day 1 ^ = * see page bottom for each	Superior lacrimal canaliculi "to" Superior sagittal sinuses,	Upper canines ^	Lateral sesamoid of Mt Ss 1s^^ as well as Angular gyri ^^; Lateral sesamoid of Mt Ss 1s^^ & Angular gyri^^,	Sup. lac. can. & Superior sagittal sinuses & 6 Exit correspondents* & Upper canines ^ &	Upper canines ^ **And intake into** Lateral sesamoid of Mt Ss 1s ^^ as well as Angular gyri ^^	Breath "to" Superior sagittal sinuses to disperse to receiving structures of the brain to serve during inhalation	Exhalation pressure brought to bear on 6 Exit correspondents* to precipitate that which*** will serve possible surrogate, specifically needed spectral energy roles during inhalation; unused "spectral energy" pressure of the breath cycle disperses to Exits**.
Day 2 ^ = * see below for each	Inferior lacrimal canaliculi "to" Cavernous sinuses 5, (+ CN VII - Facial)	As above but for Peyer's patches, aorta, pyloric gland + 3 others ^	As above but for the Nasal bone ^^; & Nasal bone ^^,	Inf. lac. can. & Cavernous sinuses 5 & 6 Exit correspondents* & Peyer's patches,etc. ^	Peyer's patches, aorta, pyloric gland, etc. ^ (+ CN VII) **And intake into** Nasal bone^^	Breath "to" Cavernous sinuses 5 to disperse to receiving structures of the brain	As above
Day 3 ^ = * see below	Eustacean tubes "to" Cochleas' outer hair cells,	As above but for the Limen nasi of the nose ^ (possibly)	As above but for L1 ^^; 6 Exit correspondents* & Limen nasi ^ & L1 ^^,	Eustacean t. & Cochleas' outer hair cells &	Limen nasi of the nose ^ **And intake into** L1 ^^	Breath "to" Cochleas' outer hair cells to disperse to receiving destinations	As above

Note: Maintain alignment of L5**/**pisiform, McSs2**/**incus, McSs1**/**hyoid, MtSs1**/**patella.

v = down arrows **Direction** of **Stretch** for **Muscles** on **Front** of **Page**

internal oblique abdominus & cremaster - from above posterior iliac crest, crest & lateral inguinal ligament **v**
zygomaticus minor - closer in paralleling zygomaticus major up to posterior lower ribs & around to linea alba
adductor pollicis, oblique head - from capitate & from Mc 3 & Mc 2 bases to medial base of Mc PP1
palatopharyngeus - from the soft palate to lateral pharyngeal wall and posterior border of thyroid cartilage
vastus medialis - from band all along & in from femur's posterior medial edge into quadriceps femoris tendon

rectus abdominus, 1st part - upward from 2nd part to area of xiphoid & 5th costal cartilage, fiber progress **v**
helicis minor - from along outer crus of helix inward to inner extent of crus inward in 24 hours
abductor pollicis brevis - from dorsally around Mc PP1's lateral base to hand's below-thumb anterior side pad
inferior pharyngeal constrictor - from pharyngeal raphe down to oblique line of thyroid cartilage
vastus intermedius - from quadriceps femoris tendon as swath up femur to anterior & posterior lateral sides

external oblique abdominus - from front body of ribs 12-5 down toward linea alba/iliac crest, fiber progress **v**
zygomaticus major - from zygomatic bone near ear to mouth's upper angle upward in 24 hours
adductor pollicis, transverse head - from palmar Mc 3 to medial base of Mc PP1, top muscle joining thumb **v**
stylopharyngeus - from styloid process to lateral pharynx between top 2 pharyngeal constrictors to hand
vastus lateralis - from band all along femur's posterior inner lateral side around to quadriceps femoris tendon

^ & ^^ **:** ^ is Part 2's "Inroad Channel" (= Center of Gravity) & ^^ is the "Resulting Structure" (= Day's "Bone")

***Exit correspondents associated with Day 1, Day 2 & Day 3 structures are shown below**						**** Exits**
8:52a - 11:16a **|** Eye part 1 **|**	Thymus	Kidney	RLS 3, p.1	RLS 6, p.1	LLS 10,p.1	Urethra
11:16a - 4:04p **|** Eye part 2 **|**	Celiac Trunk	Gallbladder	part 2	part 2	part 2	Armpits
4:04p - 12:52a **|** Eye part 3 **|**	Suprarenal Gland	Duodenum	part 3	part 3	part 3	Nipples
12:52a - 7:16a **|** Eye part 4 **|**	Cerebellum 5	Liver	part 4	part 4	part 4	Anus
7:16a - 8:04a **|** Eye part 5 **|**	Cerebrum 17	3rd Ventricle	part 5	part 5	part 5	Eye
8:04a - 8:52a **|** Eye part 6 **|**	Cranial nerve IX	Nerve L1	part 6	part 6	part 6	Vagina

***** That which is formed is that which is needed to serve in altering organism structures to allow the organism to continually change to accord itself to its constantly altering universe.**

8:52 a.m. 7/2/1939 HUMAN as Bob or Pendulum from Crista Galli as Hook or Pivot for 8/29 - 8/31/2014

DAY 1 BOB HOOK COMPLEX is Ethmoid/SPHENOID+MED. MT SS BONE with breath through Nasolacrimal Duct (N.D.) & Superior Lacrimal Canaliculus to activate the Superior Sagittal Sinus thereby arranging the LATERAL OCCIPITOTEMPORAL GYRUS to align PRIMARY OLFACTORY SYSTEM to form Lens, "muscles" are the lower, lateral quadrant 3-member set (52-54) of 3 equatorial zonular fibers per set.

DAY 2 BOB HOOK COMPLEX AID is FRONTAL/Hyoid BONE with 2nd component of breath through N.D. & Inferior Lacrimal Canaliculus to activate Cavernous Sinus 5 thereby arranging VAGUS NERVE (C.N. X) to continue proper gyrus function, muscles are the dilator, sphincter and orbitalis of the eye.

DAY 3 BOB HOOK COMPLEX AID (BOB-A) is L2/Trapezium with 3rd component of breath through Eustacean Tube to activate Cochlea's Outer Hair Cells thereby arranging SPINAL NERVE 18 (L2 Spinal Nerve) to continue proper gyrus function, muscles are as shown.

In order for the above described Bob Hook Complex to approach optimal function, there can be no mis-alignment of its associated bone, muscle and organ structures. In the lower set of boxed columns below, preceded in the upper set by the enabling breath tracts, and aligned to the 6 spectral energy time intervals in 24 hours at left, are the 6 spectral energy associated structures as correlated with each numbered bone further below in the dated boxes. The 3 dated boxes then show the associated bone scaffold for L2 with the muscles for each bone of the scaffold changing through the 3 dates to provide on-going bone adjustment.

TIME INTERVALS corresponding to the 6 periods in 24 hours in which energy need evolved from possible available ranges of spectral energy from radio to gamma rays:	1 Breath thru nasolacrimal duct into inferior lacrimal canaliculus to activate cavernous sinus 5 & Eye Apparatus:	2 Breath through superior nasal meatus to activate sphenoid sinus and the	3 Breath through Eustacean tube to activate cochlea's outer hair cells and the	4 Breath through inferior nasal meatus & incisive canal to activate RLS 3:	5 Breath through middle nasal meatus & incisive canal to activate RLS 6:	6 Breath through superior nasal meatus & incisive canal to activate LLS 10:	EXIT ROUTES for unincor-porated wave lengths of spectral energy:
8:52am-11:16am >	Part 1 <lymph>	Thymus	Kidney	Part 1	Part 1	Part 1	urethra
11:16am-4:04pm >	Part 2 <blood>	Celiac Trunk	Gallbladder	Part 2	Part 2	Part 2	armpits
4:04pm-12:52am >	Pt. 3 <hormone>	Suprarenal Gland	Duodenum	Part 3	Part 3	Part 3	nipples
12:52am-7:16am >	Part 4 <DNA>	Cerebellum 5	Liver	Part 4	Part 4	Part 4	anus
7:16am-8:04am >	Part 5 <RNA>	Cerebrum 18	3rd Ventricle	Part 5	Part 5	Part 5	eye
8:04am-8:52am >	Part 6 <protein>	Cranial Nerve X	Nerve L2	Part 6	Part 6	Part 6	vagina

8/29/2014 DAY 1 BOB HOOK COMPLEX above is altered in connection with Bob Center, Lower Canine (by way of balanced, full Mt Ss 1), through aegis of the Lateral Occipitotemporal Gyrus.

Associated bones/muscles are (1) Frontal Bone - eye's dilator muscle
(2) Hyoid - transversus thoracis

(3) L2
deep masseter

(4) Trapezium
opponens pollicis

(5) Rib 9
cricothyroid, oblique part

(6) Cuneiform Medial
semitendinosus

8/30/2014 Day 2 Bob Hook Complex Aid (Bob-A) below is altered in connection with Bob-Center, L2 (by way of Maxillary Sinus), in conjunction with Cranial Nerve VIII (Vestibulocochlear).

DAY 2 BOB-A > (1) FRONTAL BONE - eye's sphincter muscle
Associated bones/muscles are (2) Hyoid - rectus abdominus, 2nd part

(3) L2
temporalis

(4) Trapezium
palmaris brevis

(5) Rib 9
cricopharyngeus

(6) Cuneiform Medial
articularis genu

8/31/2014 Day 3 Bob Hook Complex Aid (Bob-A) below is altered in connection with Bob Center, the Agger Nasi, possibly.

(1) Frontal Bone - eye's orbitalis muscle
(2) Hyoid - transversus abdominus

(3) L2 > DAY 3 BOB-A
superficial masseter

(4) Trapezium
opponens digiti minimi

(5) Rib 9
cricothyroid, straight part

(6) Cuneiform Medial
semimembranosus

PROCESS FOR ALTERING STRUCTURES
with the following occurances proposed as associated with progress toward optimal functioning

Read boxes from left to right	**Inhalation along given tracts "to" given structures,**	**Likely causes (1) eye tracts to receive spectral energy (with surrogate aid from 6 Exit correspondents*) & intake into**	**And (2) pressure (for alteration) on**	**Exhalation with no collapse of breath tract & structures,**	**Causes (1) pressure (for alteration) on**	**And (2)**	**And (3)**
Day 1 ^ = * see page bottom for each	Superior lacrimal canaliculi "to" Superior sagittal sinuses,	Lower canines ^	Medial sesamoid of Mt Ss 1s^^ as well as Lateral occipitotemporal gyri^^;	Sup. lac. can. & Sup. sag. sinuses & 6 Exit correspondents* & Lower canines^ & Medial sesamoid of MtSs1s^^ & Lat. occipitotemporal gyri ^^,	Lower canines ^ **And intake into** Medial sesamoid of MtSs1s^^ as well as Lat. occipitotemporal gyri ^^	Breath "to" Superior sagittal sinuses to disperse to receiving structures of the brain to serve during inhalation	Exhalation pressure brought to bear on 6 Exit correspondents* to precipitate that which*** will serve possible surrogate, specifically needed spectral energy roles during inhalation; unused "spectral energy" pressure of the breath cycle disperses to Exits**.
Day 2 ^ = * see below for each	Inferior lacrimal canaliculi "to" Cavernous sinuses 5,	As above but for L2 ^ (+ CN VIII, i.e. Cranial nerve VIII, Vestibulocochlear)	As above but for the Frontal bone ^^ ;	Inf. lac. can. & Cavernous sinuses 5 & 6 Exit correspondents* & L2^ (+ CN VIII) & Frontal bone ^^,	L2 ^ (+ CN VIII) **And intake into** Frontal bone ^^	Breath "to" Cavernous sinuses 5 to disperse to receiving structures of the brain	As above
Day 3 ^ = * see below	Eustacean tubes "to" Cochleas' outer hair cells,	As above but for Agger nasi of the nose ^ possibly	As above but for L2 ^^; 6 Exit correspondents* & Agger nasi ^ & L2 ^^,	Eustacean t. & Cochleas' outer hair cells &	Agger nasi of the nose ^ **And intake into** L2 ^^	Breath "to" Cochleas' outer hair cells to disperse to receiving destinations	As above

Note: Maintain alignment of L5**/**pisiform, McSs2**/**incus, McSs1**/**hyoid, MtSs1**/**patella.

v = down arrow **Direction** of **Stretch** for **Muscles** on **Front** of **Page**

transversus thoracis - from 2nd-6th costal cartilages down to area of xiphoid/sternum, fiber progress down **v**
deep masseter - from zygomatic arch to down along anterior ramus of mandible in 24 hrs.
opponens pollicis - from flexor retinaculum/scaphoid/trapezium out & under to length of Mc 1 outer border
cricothyroid, oblique part - lateral from straight part (see below) to inner thyroid cartilage behind oblique line
semitendinosus - from mid-portion of posterior ishial tuberosity to medial upper tibia below gracilis insertion

rectus abdominus, 2nd part - up from 3rd part to bottom of 1st part, between lower rib drop, fiber progress **v**
temporalis - from all along side of head down to coronoid process inward
palmaris brevis - from hand's outer edge beyond pisiform to flexor retinaculum & palmar aponeurosis
cricopharyngeus - from area below pharyngeal raphe & above esophageal muscle to cricoid cartilage's side
articularis genu - from synovial bursa above patella to above lowest part of anterior femur for short distance

transversus abdominus - from area out from lower spine straight around toward linea alba, fiber progress up **v**
superficial masseter - from maxilla under zygomatic bone to coronoid process & anterior ramus in 24 hrs.
opponens digiti minimi - from upper flexor retinaculum & hook of hamate up & under to lateral Mc 5
cricothyroid, straight part - from front of cricoid cartilage up to inside bottom border of thyroid cartilage
semimembranosus - from ishial tuberosity lateral to semitendinosus to band at tibia's posterior medial top

^ & ^^ **:** ^ is Part 2's "Inroad Channel" (= Center of Gravity) & ^^ is the "Resulting Structure" (= Day's "Bone")

***Exit correspondents associated with Day 1, Day 2 & Day 3 structures are shown below**						**** Exits**
8:52a - 11:16a **|** Eye part 1 **|**	Thymus	Kidney	RLS 3, p.1	RLS 6, p.1	LLS 10,p.1	Urethra
11:16a - 4:04p **|** Eye part 2 **|**	Celiac Trunk	Gallbladder	part 2	part 2	part 2	Armpits
4:04p - 12:52a **|** Eye part 3 **|**	Suprarenal Gland	Duodenum	part 3	part 3	part 3	Nipples
12:52a - 7:16a **|** Eye part 4 **|**	Cerebellum 5	Liver	part 4	part 4	part 4	Anus
7:16a - 8:04a **|** Eye part 5 **|**	Cerebrum 18	3rd Ventricle	part 5	part 5	part 5	Eye
8:04a - 8:52a **|** Eye part 6 **|**	Cranial nerve X	Nerve L2	part 6	part 6	part 6	Vagina

***** That which is formed is that which is needed to serve in altering organism structures to allow the organism to continually change to accord itself to its constantly altering universe.**

8:52 a.m. 7/2/1939 HUMAN as Bob or Pendulum from Crista Galli as Hook or Pivot for 9/1 - 9/3/2014

DAY 1 BOB HOOK COMPLEX is ETHMOID+LAT. MT SS/Sphenoid BONE with breath through Nasolacrimal Duct (N.D.) & Superior Lacrimal Canaliculus to activate the Superior Sagittal Sinus thereby arranging the MEDIAL OCCIPITEMPORAL GYRUS to align UPPER LAYER, SECONDARY OLFACTORY SYSTEM to form Lens, "muscles" are the inferior-most 3-member set (55-57) of 3 equatorial zonular fibers per set.

DAY 2 BOB-A is NASAL/Femur BONE with 2nd component of breath through N.D. & Inferior Lacrimal Canaliculus to activate Cavernous Sinus 5 thereby arranging GLOSSOPHARYNGEAL NERVE (C.N. IX) to continue proper gyrus function, muscles are the dilator, sphincter and orbitalis of the eye.

DAY 3 BOB HOOK COMPLEX AID (BOB-A) is L3/Mc PP3 with 3rd component of breath through Eustacean Tube to activate Cochlea's Outer Hair Cells thereby arranging SPINAL NERVE 19 (L3 Spinal Nerve) to continue proper gyrus function, muscles are as shown.

In order for the above described Bob Hook Complex to approach optimal function, there can be no mis-alignment of its associated bone, muscle and organ structures. In the lower set of boxed columns below, preceded in the upper set by the enabling breath tracts, and aligned to the 6 spectral energy time intervals in 24 hours at left, are the 6 spectral energy associated structures as correlated with each numbered bone further below in the dated boxes. The 3 dated boxes then show the associated bone scaffold for L3 with the muscles for each bone of the scaffold changing through the 3 dates to provide on-going bone adjustment.

TIME INTERVALS corresponding to the 6 periods in 24 hours in which energy need evolved from possible available ranges of spectral energy from radio to gamma rays:	1 Breath thru nasolacrimal duct into inferior lacrimal canaliculus to activate cavernous sinus 5 & Eye Apparatus:	2 Breath through superior nasal meatus to activate sphenoid sinus and the	3 Breath through Eustacean tube to activate cochlea's outer hair cells and the	4 Breath through inferior nasal meatus & incisive canal to activate RLS 3:	5 Breath through middle nasal meatus & incisive canal to activate RLS 6:	6 Breath through superior nasal meatus & incisive canal to activate LLS 10:	EXIT ROUTES for unincor-porated wave lengths of spectral energy:
8:52am-11:16am >	Part 1 <lymph>	Thymus	Kidney	Part 1	Part 1	Part 1	urethra
11:16am-4:04pm >	Part 2 <blood>	Celiac Trunk	Gallbladder	Part 2	Part 2	Part 2	armpits
4:04pm-12:52am >	Pt. 3 <hormone>	Suprarenal Gland	Duodenum	Part 3	Part 3	Part 3	nipples
12:52am-7:16am >	Part 4 <DNA>	Cerebellum 5	Liver	Part 4	Part 4	Part 4	anus
7:16am-8:04am >	Part 5 <RNA>	Cerebrum 19	3rd Ventricle	Part 5	Part 5	Part 5	eye
8:04am-8:52am >	Part 6 <protein>	Cranial Nerve IX	Nerve L3	Part 6	Part 6	Part 6	vagina

9/1/2014 DAY 1 BOB HOOK COMPLEX above is altered in connection with Bob Center, Upper Lateral Incisor (by way of balanced, full Mt Ss 1), through aegis of the Medial Occipitotemporal Gyrus.

Associated bones/muscles are (1) Nasal Bone - eye's dilator muscle
(2) Femur - serratus anterior, upper part

(3) L3
tragicus

(4) Mc PP3
flexor pollicis brevis

(5) T10
orbicularis oris, deep fibers

(6) Mt PP3
iliacus

9/2/2014 Day 2 Bob-A below is altered in connection with Bob Center, Superior Nasal Concha's overseen Series of Soft Tissue Structure (by way of Maxillary Sinus), in conjunction with Cranial Nerve VII (Facial).

DAY 2 BOB-A > (1) NASAL BONE - eye's sphincter muscle
Associated bones/muscles are (2) Femur - rectus abdominus, 3rd part

(3) L3
helicis major

(4) Mc PP3
abductor digiti minimi

(5) T10
superior pharyngeal constrictor

(6) Mt PP3
psoas

9/3/2014 Day 3 Bob Hook Complex Aid (Bob-A) below is altered in connection with Bob Center, the Ethmoidal Bulla, possibly.

(1) Nasal Bone - eye's orbitalis muscle
(2) Femur - serratus anterior, lower part

(3) L3 > DAY 3 BOB-A
antitragicus

(4) Mc PP3
flexor digiti minimi brevis

(5) T10
buccinator

(6) Mt PP3
quadratus lumborum

PROCESS FOR ALTERING STRUCTURES
with the following occurances proposed as associated with progress toward optimal functioning

Read boxes from left to right	**Inhalation along given tracts "to" given structures,**	**Likely causes (1) eye tracts to receive spectral energy (with surrogate aid from 6 Exit correspondents*) & intake into**	**And (2) pressure (for alteration) on**	**Exhalation with no collapse of breath tract & structures,**	**Causes (1) pressure (for alteration) on**	**And (2)**	**And (3)**
Day 1 ^ = * see page bottom for each	Superior lacrimal canaliculi "to" Superior sagittal sinuses,	Upper lateral incisors ^	Lateral sesamoid of Mt Ss 1s^^ as well as Medial occipitotemporal gyri^^;	Sup. lac. can. & Sup. sag. si. & 6 Exit correspondents* & Upper lateral incisors ^ & Lateral sesamoid of MtSs1s^^ & Med. occipitotemporal gyri^^,	Upper lateral incisors ^ **And intake into** Lateral sesamoid of MtSs1s^^ as well as Med. occipitotemporal gyri ^^	Breath "to" Superior sagittal sinuses to disperse to receiving structures of the brain to serve during inhalation	Exhalation pressure brought to bear on 6 Exit correspondents* to precipitate that which*** will serve possible surrogate, specifically needed spectral energy roles during inhalation; unused "spectral energy" pressure of the breath cycle disperses to Exits**.
Day 2 ^ = * see below for each	Inferior lacrimal canaliculi "to" Cavernous sinuses 5, (+ CN VII - Facial)	As above but for Peyer's patches, aorta, pyloric gland + 3 others ^	As above but for the Nasal bone ^^;	Inf. lac. can. & Cavernous sinuses 5 & 6 Exit correspondents* & Peyer's patches,etc. ^ & Nasal bone ^^,	Peyer's patches, aorta, pyloric gland, etc. ^ (+ CN VII) **And intake into** Nasal bone^^	Breath "to" Cavernous sinuses 5 to disperse to receiving structures of the brain	As above
Day 3 ^ = * see below	Eustacean tubes "to" Cochleas' outer hair cells,	As above but for Ethmoidal bulla of the nose^ possibly	As above but for L3 ^^; 6 Exit correspondents* & Ethmoidal bulla ^ & L3 ^^,	Eustacean t. & Cochleas' outer hair cells &	Ethmoidal bulla ^ **And intake into** L3 ^^	Breath "to" Cochleas' outer hair cells to disperse to receiving destinations	As above

Note: Maintain alignment of L5**/**pisiform, McSs2**/**incus, McSs1**/**hyoid, MtSs1**/**patella.

v = down arrow **Direction** of **Stretch** for **Muscles** on **Front** of **Page**

serratus anterior, upper part - from front bodies of ribs 2-1 to superior border and/or angle of scapula, fiber **v** progress upward thru 24 hours
tragicus - from ear's lower notch toward upper notch
flexor pollicis brevis - from flexor retinaculum & capitate, trapezium & trapezoid to outside base of Mc PP1
orbicularis oris, deep fibers - underlying intrinsic fibers around mouth to medial lower lip, outer fibers first
iliacus - from anterior iliac crest down fossa to lesser trochanter at inner top of femur

rectus abdominus, 3rd part - from just above navel at top of 4th part up to bottom of 2nd part, fiber progress **v** inward in 24 hours
helicis major - from along front of helix down to notch above the tragus
abductor digiti minimi - from outside base of Mc PP5 to pisiform / flexor carpi ulnaris tendon along outer hand
superior pharyngeal constrictor**-**from pharyngeal raphe top to pterygoid hamulus**,** pterygomandibular & **v** mylohyoid raphes & tongue
psoas - from lesser trochanter at inner top of femur up to L4-L1 and T12

serratus anterior, lower part -from front bodies of ribs 9-2 to front medial border and angles (tips) of scapula **v** with fiber progress upward through 24 hours
antitragicus - from ear's lower notch back along antihelix
flexor digiti minimi brevis - from front lateral forward hamate (hamulus) & flexor retinaculum to Mc PP5 base
buccinator - from pterygomandibular raphe/lateral alveolar processes to blend in lip fibers & cross at mouth angles
quadratus lumborum - from medial 1/2 of 12th rib & lumbar transverse processes down to medial iliac crest

^ & ^^ **:** ^ is Part 2's "Inroad Channel" (= Center of Gravity) & ^^ is the "Resulting Structure" (= Day's "Bone")

***Exit correspondents associated with Day 1, Day 2 & Day 3 structures are shown below**						**** Exits**
8:52a - 11:16a **|** Eye part 1 **|**	Thymus	Kidney	RLS 3, p.1	RLS 6, p.1	LLS 10,p.1	Urethra
11:16a - 4:04p **|** Eye part 2 **|**	Celiac Trunk	Gallbladder	part 2	part 2	part 2	Armpits
4:04p - 12:52a **|** Eye part 3 **|**	Suprarenal Gland	Duodenum	part 3	part 3	part 3	Nipples
12:52a - 7:16a **|** Eye part 4 **|**	Cerebellum 5	Liver	part 4	part 4	part 4	Anus
7:16a - 8:04a **|** Eye part 5 **|**	Cerebrum 19	3rd Ventricle	part 5	part 5	part 5	Eye
8:04a - 8:52a **|** Eye part 6 **|**	Cranial nerve IX	Nerve L3	part 6	part 6	part 6	Vagina

***** That which is formed is that which is needed to serve in altering organism structures to allow the organism to continually change to accord itself to its constantly altering universe.**

8:52 a.m. 7/2/1939 HUMAN as Bob or Pendulum from Crista Galli as Hook or Pivot for 9/4 - 9/6/2014

DAY 1 BOB HOOK COMPLEX is Ethmoid/SPHENOID+MED. MT SS BONE with breath through Nasolacrimal Duct (N.D.) & Superior Lacrimal Canaliculus to activate the Superior Sagittal Sinus thereby arranging the PARAHIPPOCAMPAL GYRUS to align UPPER LAYER, SECONDARY OLFACTORY SYSTEM to form Lens, "muscles" are the lower, medial quadrant 3-member set (58-60) of 3 equatorial zonular fibers per set.

DAY 2 BOB HOOK COMPLEX AID is FRONTAL/Tibia BONE with 2nd component of breath through N.D. & Inferior Lacrimal Canaliculus to activate Cavernous Sinus 5 thereby arranging VAGUS NERVE (C.N. X) to continue proper gyrus function, muscles are the dilator, sphincter and orbitalis of the eye.

DAY 3 BOB HOOK COMPLEX AID (BOB-A) is L4/Mc 1 with 3rd component of breath through Eustacean Tube to activate Cochlea's Outer Hair Cells thereby arranging SPINAL NERVE 20 (L4 Spinal Nerve) to continue proper gyrus function, muscles are as shown.

In order for the above described Bob Hook Complex to approach optimal function, there can be no mis-alignment of its associated bone, muscle and organ structures. In the lower set of boxed columns below, preceded in the upper set by the enabling breath tracts, and aligned to the 6 spectral energy time intervals in 24 hours at left, are the 6 spectral energy associated structures as correlated with each numbered bone further below in the dated boxes. The 3 dated boxes then show the associated bone scaffold for L4 with the muscles for each bone of the scaffold changing through the 3 dates to provide on-going bone adjustment.

TIME INTERVALS corresponding to the 6 periods in 24 hours in which energy need evolved from possible available ranges of spectral energy from radio to gamma rays:	1 Breath thru nasolacrimal duct into inferior lacrimal canaliculus to activate cavernous sinus 5 & Eye Apparatus:	2 Breath through superior nasal meatus to activate sphenoid sinus and the	3 Breath through Eustacean tube to activate cochlea's outer hair cells and the	4 Breath through inferior nasal meatus & incisive canal to activate RLS 3:	5 Breath through middle nasal meatus & incisive canal to activate RLS 6:	6 Breath through superior nasal meatus & incisive canal to activate LLS 10:	EXIT ROUTES for unincor-porated wave lengths of spectral energy:
8:52am-11:16am >	Part 1 <lymph>	Thymus	Kidney	Part 1	Part 1	Part 1	urethra
11:16am-4:04pm >	Part 2 <blood>	Celiac Trunk	Gallbladder	Part 2	Part 2	Part 2	armpits
4:04pm-12:52am >	Pt. 3 <hormone>	Suprarenal Gland	Duodenum	Part 3	Part 3	Part 3	nipples
12:52am-7:16am >	Part 4 <DNA>	Cerebellum 5	Liver	Part 4	Part 4	Part 4	anus
7:16am-8:04am >	Part 5 <RNA>	Cerebrum 20	3rd Ventricle	Part 5	Part 5	Part 5	eye
8:04am-8:52am >	Part 6 <protein>	Cranial Nerve X	Nerve L4	Part 6	Part 6	Part 6	vagina

9/4/2014 DAY 1 BOB HOOK COMPLEX above is altered in connection with Bob Center, Lower Lateral Incisor (by way of balanced, full Mt Ss 1), through aegis of the Parahippocampal Gyrus.

Associated bones/muscles are (1) Frontal Bone - eye's dilator muscle
(2) Tibia - serratus posterior superior
(3) L4
procerus
(4) Mc 1
interosseous palmar
(5) Rib 10
digastric, anterior belly
(6) Mt 1
gluteus minimus

9/5/2014 Day 2 Bob Hook Complex Aid (Bob-A) below is altered in connection with Bob-Center, L2 (by way of Maxillary Sinus), in conjunction with Cranial Nerve VIII (Vestibulocochlear).

DAY 2 BOB-A > (1) FRONTAL BONE - eye's sphincter muscle
Associated bones/muscles are (2) Tibia - rectus abdominus, 4th/5th part
(3) L4
occipitofrontalis (epicranius)
(4) Mc 1
interosseous lumbrical
(5) Rib 10
middle pharyngeal constrictor
(6) Mt 1
gluteus maximus

9/6/2014 Day 3 Bob Hook Complex Aid (Bob-A) below is altered in connection with Bob Center, the Uncinate Process, possibly.

(1) Frontal Bone - eye's orbitalis muscle
(2) Tibia - serratus posterior inferior
(3) L4 > DAY 3 BOB-A
corrugator supercilii
(4) Mc 1
interosseous dorsal
(5) Rib 10
digastric, posterior belly
(6) Mt 1
gluteus medius

PROCESS FOR ALTERING STRUCTURES
with the following occurances proposed as associated with progress toward optimal functioning

Read boxes from left to right	**Inhalation along given tracts "to" given structures,**	**Likely causes (1) eye tracts to receive spectral energy (with surrogate aid from 6 Exit correspondents*) & intake into**	**And (2) pressure (for alteration) on**	**Exhalation with no collapse of breath tract & structures,**	**Causes (1) pressure (for alteration) on**	**And (2)**	**And (3)**
Day 1 ^ = * see page bottom for each	Superior lacrimal canaliculi "to" Superior sagittal sinuses,	Lower lateral incisors ^	Medial sesamoid of Mt Ss 1s^^ as well as Parahippocampal gyri ^^;	Sup. lac. can. & Sup. sag. si. & 6 Exit correspondents* & Lower lateral incisors ^ & Medial sesamoid of Mt Ss 1s ^^ & Parahippocampal gyri ^^,	**And intake into** Medial sesamoid of MtSs1s^^ as well as Parahippocampal gyri ^^	Breath "to" Superior sagittal sinuses to disperse to receiving structures of the brain to serve during inhalation	Exhalation pressure brought to bear on 6 Exit correspondents* to precipitate that which*** will serve possible surrogate, specifically needed spectral energy roles during inhalation; unused "spectral energy" pressure of the breath cycle disperses to Exits**.
Day 2 ^ = * see below for each	Inferior lacrimal canaliculi "to" Cavernous sinuses 5,	As above but for L2 ^ (+ CN VIII, i.e. Cranial nerve VIII, Vestibulocochlear)	As above but for the Frontal bone ^^ ;	Inf. lac. can. & Cavernous sinuses 5 & 6 Exit correspondents* & L2^ (+ CN VIII) & Frontal bone ^^,	L2 ^ (+ CN VIII) **And intake into** Frontal bone ^^	Breath "to" Cavernous sinuses 5 to disperse to receiving structures of the brain	As above
Day 3 ^ = * see below	Eustacean tubes "to" Cochleas' outer hair cells,	As above but but Uncinate process of the nose^ possibly	As above but for L4 ^^; 6 Exit correspondents* & Uncinate process^ & L4 ^^,	Eustacean t. & Cochleas' outer hair cells &	Uncinate process ^ **And intake into** L4 ^^	Breath "to" Cochleas' outer hair cells to disperse to receiving destinations	As above

Note: Maintain alignment of L5**/**pisiform, McSs2**/**incus, McSs1**/**hyoid, MtSs1**/**patella.

v & **^** = down & up arrows **Direction** of **Stretch** for **Muscles** on **Front** of **Page**

serratus posterior superior - from area of C6-C7, T1-T2 down to superior border of ribs 2-5 near angle, fiber **v**
procerus - from area of upper nasal bone juncture up into skin between eyebrows progress up in 24 hrs
interosseous palmar - from medial Mc 2 to Mc PP2 base & from lateral Mc 4-5 to Mc PP4-5 bases
digastric, anterior belly - from behind central inner chin to loop up from hyoid bone's lesser horn area
gluteus minimus - from lower posterior gluteal surface to outer front of greater trochanter

rectus abdominus, 4th/5th part - from area above top of pubis up to bottom of 3rd part at navel forehead
occipitofrontalis (epicranius) - from lateral back of head over epicranial aponeurosis, spreading down across **^**
interosseous lumbrical - from lateral side of Mc PP2-5 back to same of palmar tendons over Mc 2-3 & Mc **v**
middle pharyngeal constrictor - from pharyngeal raphe to hyoid bone's horns 3-5 interior both sides
gluteus maximus - from upper outer posterior femur to hip back edge/sacrum/coccyx/sacrotuberous ligament

serratus posterior inferior - from area of L2-L1, T12-T11 up to inferior border of ribs 12-9 near angle, up in 24
corrugator supercilii - from bone lip above eye's inner corner obliquely up and out to bone above mid-orbit
interosseous dorsal -2 heads interiorly from 5 Mc bones to lateral Mc PP2, lateral & medial Mc PP3 & medi- **v**
digastric, posterior belly - from mastoid process to loop up from hyoid bone's lesser horn area al Mc PP4
gluteus medius -from upper posterior gluteal surface below iliac crest to greater trochanter's top & lateral side

^ & ^^ **:** ^ is Part 2's "Inroad Channel" (= Center of Gravity) & ^^ is the "Resulting Structure" (= Day's "Bone")

***Exit correspondents associated with Day 1, Day 2 & Day 3 structures are shown below**						**** Exits**
8:52a - 11:16a **|** Eye part 1 **|**	Thymus	Kidney	RLS 3, p.1	RLS 6, p.1	LLS 10,p.1	Urethra
11:16a - 4:04p **|** Eye part 2 **|**	Celiac Trunk	Gallbladder	part 2	part 2	part 2	Armpits
4:04p - 12:52a **|** Eye part 3 **|**	Suprarenal Gland	Duodenum	part 3	part 3	part 3	Nipples
12:52a - 7:16a **|** Eye part 4 **|**	Cerebellum 5	Liver	part 4	part 4	part 4	Anus
7:16a - 8:04a **|** Eye part 5 **|**	Cerebrum 20	3rd Ventricle	part 5	part 5	part 5	Eye
8:04a - 8:52a **|** Eye part 6 **|**	Cranial nerve X	Nerve L4	part 6	part 6	part 6	Vagina

***** That which is formed is that which is needed to serve in altering organism structures to allow the organism to continually change to accord itself to its constantly altering universe.**

8:52 a.m. 7/2/1939 HUMAN as Bob or Pendulum from Crista Galli as Hook or Pivot for 9/7 - 9/9/2014

DAY 1 BOB HOOK COMPLEX is ETHMOID/Sphenoid BONE with breath through Nasolacrimal Duct (N.D.) & Superior Lacrimal Canaliculus to activate the Inferior Petrosal Sinus thereby arranging the SUPRAMARGINAL GYRUS to align INNER HAIR CELLS OF THE COCHLEA to form Lens, "muscles" are the lateral-most 3-member set (37-39) of 3 equatorial zonular fibers per set.

DAY 2 BOB-A is NASAL/Malleus BONE with 2nd component of breath through N.D. & Inferior Lacrimal Canaliculus to activate Cavernous Sinus 4 thereby arranging FACIAL NERVE (C.N. VII) to continue proper gyrus function, muscles are the dilator, sphincter and orbitalis of the eye.

DAY 3 BOB HOOK COMPLEX AID (BOB-A) is Nasal/MALLEUS BONE with 3rd component of breath through Eustacean Tube to activate Tympanic Cells thereby arranging SPINAL NERVE 13 (T9 Spinal Nerve) to continue proper gyrus function, muscles are as shown.

In order for the above described Bob Hook Complex to approach optimal function, there can be no mis-alignment of its associated bone, muscle and organ structures. In the lower set of boxed columns below, preceded in the upper set by the enabling breath tracts, and aligned to the 6 spectral energy time intervals in 24 hours at left, are the 6 spectral energy associated structures as correlated with each numbered bone further below in the dated boxes. The 3 dated boxes then show the associated bone scaffold for Malleus with the muscles for each bone of the scaffold changing through the 3 dates to provide on-going bone adjustment.

TIME INTERVALS corresponding to the 6 periods in 24 hours in which energy need evolved from possible available ranges of spectral energy from radio to gamma rays:	1 Breath thru nasolacrimal duct into inferior lacrimal canaliculus to activate cavernous sinus 4 & Eye Apparatus:	2 Breath through Eustacean tube to activate tympanic cells and the	3 Breath through Eustacean tube to activate saccule of the ear and the	4 Breath through inferior nasal meatus & incisive canal to activate LLS 3:	5 Breath through middle nasal meatus & incisive canal to activate LLS 6:	6 Breath through superior nasal meatus & incisive canal to activate RLS 9:	EXIT ROUTES for unincor-porated wave lengths of spectral energy:
8:52am-11:16am >	Part 1 <lymph>	Spleen	Kidney	Part 1	Part 1	Part 1	urethra
11:16am-4:04pm >	Part 2 <blood>	Subclavian Artery	Gallbladder	Part 2	Part 2	Part 2	armpits
4:04pm-12:52am >	Part 3<hormone>	Pancreas	Duodenum	Part 3	Part 3	Part 3	nipples
12:52am-7:16am >	Part 4 <DNA>	Cerebellum 4	Liver	Part 4	Part 4	Part 4	anus
7:16am-8:04am >	Part 5 <RNA>	Cerebrum 13	Lat.Vent., L.B.	Part 5	Part 5	Part 5	eye
8:04am-8:52am >	Part 6 <protein>	Cranial Nerve VII	Nerve T9	Part 6	Part 6	Part 6	vagina

9/7/2014 DAY 1 BOB HOOK COMPLEX above is altered in connection with Bob Center, Upper 1st Pre-Molar (by way of Frontal Sinus) through aegis of the Supramarginal Gyrus.

Associated bones/muscles are (1) Nasal Bone - eye's dilator muscle
(2) Malleus - large intestine, longitudinal fibers

(3) Cx 1
levator labii superioris alaeque nasi

(4) Mc MP4
trapezius, 2nd front part

(5) T7
longus colli, superior oblique part

(6) Mt MP4
extensor hallucis/digitorum brevis

9/8/2014 Day 2 Bob-A below is altered in connection with Bob Center, Superior Nasal Concha's over-seen Series of Soft Tissue Structure (by way of Maxillary Sinus) in conjunction with Cranial Nerve VII (Facial).

DAY 2 BOB-A > (1) NASAL BONE - eye's sphincter muscle
Associated bones/muscles are (2) Malleus - large intestine, circular fibers

(3) Cx 1
lateral rectus of eye

(4) Mc MP4
trapezius, middle part

(5) T7
longus colli, vertical part

(6) Mt MP4
extensor hallucis longus

9/9/2014 Day 3 Bob Hook Complex Aid (Bob-A) below is altered in connection with Bob Center,

DAY 3 BOB-A > (1) Nasal Bone - eye's orbitalis muscle
(2) MALLEUS - large intestine, muscularis mucosa

Abducent Nerve.

(3) Cx 1
mentalis

(4) Mc MP4
trapezius, back part

(5) T7
longus colli, inferior oblique part

(6) Mt MP4
extensor digitorum longus & fibularis tertius

PROCESS FOR ALTERING STRUCTURES
with the following occurances proposed as associated with progress toward optimal functioning

Read boxes from left to right	Inhalation along given tracts "to" given structures,	Likely causes (1) eye tracts to receive spectral energy (with surrogate aid from 6 Exit correspondents*) & intake into	And (2) pressure (for alteration) on	Exhalation with no collapse of breath tract & structures,	Causes (1) pressure (for alteration) on	And (2)	And (3)
Day 1 ^ = * see page bottom for each	Superior lacrimal canaliculi "to" Inferior petrosal sinuses,	Upper 1st pre-molars ^	Supra-marginal gyri ^^;	Sup.lac.can. & Inf. petrosal sinuses & 6 Exit correspondents* & Upper 1st pre-molars ^ & Supramarginal gyri ^^,	Upper 1st pre-molars ^ **And intake into** Supra-marginal gyri ^^	Breath "to" Inferior petrosal sinuses to disperse to receiving structures of the brain to serve during inhalation	Exhalation pressure brought to bear on 6 Exit correspondents* to precipitate that which*** will serve possible surrogate, specifically needed spectral energy roles during inhalation; unused "spectral energy" pressure of the breath cycle disperses to Exits**.
Day 2 ^ = * see below for each	Inferior lacrimal canaliculi "to" Cavernous sinuses 4, (+ CN VII - Facial)	As above but for Peyer's patches, aorta, pylor-ic gland + 3 others ^	As above but for the Nasal bone ^^;	Inf. lac. can. & Cavernous sinuses 4 & 6 Exit correspondents* & Peyer's patches,etc. ^ & Nasal bone ^^,	Peyer's patches, aorta, pyloric gland, etc. ^ (+ CN VII) **And intake into** Nasal bone^^	Breath "to" Cavernous sinuses 4 to disperse to receiving structures of the brain	As above
Day 3 ^ = * see below	Eustacean tube "to" Tympanic cells,	As above but for the Abducent nerve ^	As above but for the Mallei ^^;	Tympanic cells & 6 Exit correspondents* & Abducent nerve ^ & Mallei ^^,	Abducent nerve ^ **And intake into** Mallei ^^	Breath "to" Tympanic cells to disperse to receiving destinations	As above

Note: Maintain alignment of L5**/**pisiform, McSs2**/**incus, McSs1**/**hyoid, MtSs1**/**patella.

^ = up arrow **Direction** of **Stretch** for **Muscles on Front** **~ =** line continuance

colic tenia in 24 hours
large intestine, longitudinal fibers - from ileal orifice area, maybe omental fiber rows, then free, then meso**- ^**
levator labii superioris alaeque nasi - from just below inner corner of eye into side of nose and lip below
trapezius, 2nd front part - from occipital's posterior point (external occipital protuberance) to front acromion
longus colli, superior oblique part - from anterolateral T3-T2 bodies to anterolateral C1 body | Mt PP1-4
extensor hallucis/digitorum brevis - from dorsal/lateral calcaneus, as tendons to extensor longus tendons at**^**

large intestine, circular fibers - bands of encircling fibers from end to beginning of large intestine
lateral rectus of eye - from lateral surface of eyeball to common tendinous ring around optic nerve
trapezius, middle part - from scapula's dorsal acromion to ligamentum nuchae above C7 spinous process
longus colli, vertical part - from anterolateral C2-C4 bodies to anterolateral C5-T3 bodies
extensor hallucis longus - from Mt DP1 anterior base to middle medial fibula/interosseous membrane

large intestine, muscularis mucosa - oblique fibers from area of last circular fiber's end, 1st laterally, then **~**
mentalis - centrally from chin's tip to mandible's depression below incisive teeth (incisive fossa)
trapezius, back part - from T12-T1 & C7 spinous processes to upper border of spine of scapula | tubercles
longus colli, inferior oblique part - from anterolateral T3-T2 bodies to C6-C5 transverse processes' anterior **^**
extensor digitorum longus & fibularis tertius - from tibia's lateral condyle & anteromedial fibula, then down **~~**

~ toward 1st longitudinal fiber's end ~~ anterior fibula into medial tendon to Mt MP/DP2-5 anterior bases

^ & ^^ **:** ^ is Part 2's "Inroad Channel" (= Center of Gravity) & ^^ is the "Resulting Structure" (= Day's "Bone")

***Exit correspondents associated with Day 1, Day 2 & Day 3 structures are shown below						** Exits
8:52a - 11:16a **|** Eye part 1 **|** Spleen	Kidney	LLS 3, p.1	LLS 6, p.1	RLS 9, p.1	Urethra
11:16a - 4:04p **|** Eye part 2 **|** Subclavian Artery	Gallbladder	part 2	part 2	part 2	Armpits
4:04p - 12:52a **|** Eye part 3 **|** Pancreas	Duodenum	part 3	part 3	part 3	Nipples
12:52a - 7:16a **|** Eye part 4 **|** Cerebellum 4	Liver	part 4	part 4	part 4	Anus
7:16a - 8:04a **|** Eye part 5 **|** Cerebrum 13	Lat.Vent**.,** L.B.	part 5	part 5	part 5	Eye
8:04a - 8:52a **|** Eye part 6 **|** Cranial nerve VII	Nerve T9	part 6	part 6	part 6	Vagina

***** Being that which is needed to allow constant organism alteration for constant universe change.**

8:52 a.m. 7/2/1939 HUMAN as Bob or Pendulum from Crista Galli as Hook or Pivot for 9/10 - 9/12/2014

DAY 1 BOB HOOK COMPLEX is Ethmoid/SPHENOID BONE with breath through Nasolacrimal Duct (N.D.) & Superior Lacrimal Canaliculus to activate the Inferior Petrosal Sinus thereby arranging the SUPERIOR TEMPORAL GYRUS to align INNER HAIR CELLS OF THE COCHLEA to form Lens, "muscles" are the lower, lateral quadrant 3-member set (40-42) of 3 equatorial zonular fibers per set.

DAY 2 BOB-A is FRONTAL/Incus BONE with 2nd component of breath through N.D. & Inferior Lacrimal Canaliculus to activate Cavernous Sinus 4 thereby arranging VESTIBULOCOCHLEAR NERVE (C.N. VIII) to continue proper gyrus function, muscles are the dilator, sphincter and orbitalis of the eye.

DAY 3 BOB HOOK COMPLEX AID (BOB-A) is Frontal/ INCUS BONE with 3rd component of breath through Eustacean Tube to activate Tympanic Cells thereby arranging SPINAL NERVE 14 (T10 Spinal Nerve) to continue proper gyrus function, muscles are as shown.

In order for the above described Bob Hook Complex to approach optimal function, there can be no mis-alignment of its associated bone, muscle and organ structures. In the lower set of boxed columns below, preceded in the upper set by the enabling breath tracts, and aligned to the 6 spectral energy time intervals in 24 hours at left, are the 6 spectral energy associated structures as correlated with each numbered bone further below in the dated boxes. The 3 dated boxes then show the associated bone scaffold for Incus with the muscles for each bone of the scaffold changing through the 3 dates to provide on-going bone adjustment.

TIME INTERVALS corresponding to the 6 periods in 24 hours in which energy need evolved from possible available ranges of spectral energy from radio to gamma rays:	1 Breath thru nasolacrimal duct into inferior lacrimal canaliculus to activate cavernous sinus 4 & Eye Apparatus:	2 Breath through Eustacean tube to activate tympanic cells and the	3 Breath through Eustacean tube to activate saccule of the ear and the	4 Breath through inferior nasal meatus & incisive canal to activate LLS 3:	5 Breath through middle nasal meatus & incisive canal to activate LLS 6:	6 Breath through superior nasal meatus & incisive canal to activate RLS 9:	EXIT ROUTES for unincor-porated wave lengths of spectral energy:
8:52am-11:16am >	Part 1 <lymph>	Spleen	Kidney	Part 1	Part 1	Part 1	urethra
11:16am-4:04pm >	Part 2 <blood>	Subclavian Artery	Gallbladder	Part 2	Part 2	Part 2	armpits
4:04pm-12:52am >	Part 3<hormone>	Pancreas	Duodenum	Part 3	Part 3	Part 3	nipples
12:52am-7:16am >	Part 4 <DNA>	Cerebellum 4	Liver	Part 4	Part 4	Part 4	anus
7:16am-8:04am >	Part 5 <RNA>	Cerebrum 14	Lat.Vent., L.B.	Part 5	Part 5	Part 5	eye
8:04am-8:52am >	Part 6 <protein>	Cranial Nerve VIII	Nerve T10	Part 6	Part 6	Part 6	vagina

9/10/2014 DAY 1 BOB HOOK COMPLEX above is altered in connection with Bob Center, Lower 1st Pre-Molar (by way of Frontal Sinus) through aegis of Superior Temporal Gyrus.

Associated bones/muscles are (1) Frontal Bone - eye's dilator muscle
(2) Incus - rectum, longitudinal fibers

(3) Cx 2
auricularis anterior

(4) Capitate
rhomboid minor

(5) Rib 7
rectus capitis anterior

(6) Cuneiform Lateral
gastrocnemius, medial head

9/11/2014 Day 2 Bob Hook Complex Aid (Bob-A) below is altered in connection with Bob Center, L2 (by way of Maxillary Sinus), in conjunction with Cranial Nerve VIII (Vestibulocochlear).

DAY 2 BOB-A > (1) FRONTAL BONE - eye's sphincter muscle
Associated bones/muscles are (2) Incus - rectum, circular fibers

(3) Cx 2
auricularis superior

(4) Capitate
levator scapulae

(5) Rib 7
oblique capitis superior

(6) Cuneiform Lateral
plantaris

9/12/2014 Day 3 Bob-A below is altered in connection with Bob Center, Nasal Bone's Spleen.

(1) Frontal Bone - eye's orbitalis muscle
DAY 3 BOB-A > (2) Incus - rectum, muscularis mucosa

(3) Cx 2
auricularis posterior

(4) Capitate
rhomboid major

(5) Rib 7
rectus capitis lateralis

(6) Cuneiform Lateral
gastrocnemius, lateral head

PROCESS FOR ALTERING STRUCTURES
with the following occurances proposed as associated with progress toward optimal functioning

Read boxes from left to right	**Inhalation along given tracts "to" given structures,**	**Likely causes (1) eye tracts to receive spectral energy (with surrogate aid from 6 Exit correspondents*) & intake into**	**And (2) pressure (for alteration) on**	**Exhalation with no collapse of breath tract & structures,**	**Causes (1) pressure (for alteration) on**	**And (2)**	**And (3)**
Day 1 ^ = * see page bottom for each	Superior lacrimal canaliculi "to" Inferior petrosal sinuses**,**	Lower 1st pre-molars ^	Superior temporal gyri ^^**;**	Sup.lac.can. & Inf. petrosal sinuses & 6 Exit correspondents* & Lower 1st pre-molars^ & Superior temporal gyri ^^**,**	Lower 1st pre-molars ^ **And intake into** Superior temporal gyri ^^	Breath "to" Inferior petrosal sinuses to disperse to receiving structures of the brain to serve during inhalation	Exhalation pressure brought to bear on 6 Exit correspondents* to precipitate that which*** will serve possible surrogate, specifically needed spectral energy roles during inhalation**;** unused "spectral energy" pressure of the breath cycle disperses to Exits**.
Day 2 ^ = * see below for each	Inferior lacrimal canaliculi "to" Cavernous sinuses 4**,**	As above but for L2 ^ (+ CN VIII, i.e. Cranial nerve VIII, Vestibulocochlear)	As above but for the Frontal bone ^^ **;**	Inf. lac. can. & Cavernous sinuses 4 & 6 Exit correspondents* & L2^ (+ CN VIII) & Frontal bone ^^**,**	L2 ^ (+ CN VIII) **And intake into** Frontal bone ^^	Breath "to" Cavernous sinuses 4 to disperse to receiving structures of the brain	As above
Day 3 ^ = * see below	Eustacean tube "to" Tympanic cells**,**	As above but for the Nasal bone's spleen ^	As above but for the Incudes ^^**;** spleen ^ & Incudes ^^**,**	Tympanic cells & 6 Exit correspondents* & Nasal bone's	Nasal bone's spleen ^ **And intake into** Incudes ^^	Breath "to" Tympanic cells to disperse to receiving destinations	As above *Note: The plural of incus is incudes.*

Note: Maintain alignment of L5**/**pisiform, McSs2**/**incus, McSs1**/**hyoid, MtSs1**/**patella.

^ = up arrow **Direction** of **Stretch** for **Muscles** on **Front** of **Page** **~ =** line continuance in this section

rectum, longitudinal fibers - from anterior beginning to anterior end, then longitudinal rows around rectum
auricularis, anterior - from front section of temporal fascia near ear to helix's spine on helix's upper front
rhomboid minor - from C7/T1 spin. proc. down to scapula's medial border at its spine | part of occipital bone
rectus capitis anterior - from along more inner top surface of C1 trans.proc.angled acutely in toward basilar **^**
gastrocnemius, medial head - from femur's medial epicondyle area into calcaneal tendon at mid-calf

rectum, circular fibers - from posterior end to make around-circling rows along to posterior beginning
auricularis, superior - from behind top of ear to epicranial membrane (aponeurosis) above ear | processes
levator scapulae - from scapula medial border above its spine up to C4-3 post. tubercles & C2-1 transverse **^**
oblique capitis superior - from occipital bone between nuchal lines to end of C1 transverse process
plantaris - from calcaneus medial posterior top as tendon, then muscle to above gastrocnemius lateral head

rectum, muscularis mucosa - bunched origin of oblique fibers from last circular fiber's end area, each more **~**
auricularis, posterior - from temporal bone's mastoid process straight forward to behind the ear
rhomboid major - from T2-T5 spinous processes down to scapula's medial border below its spine | process
rectus capitis lateralis - from along outer end of C1 trans. proc. angled out slightly to occipital bone's jugular **^**
gastrocnemius, lateral head - from femur's lateral epicondyle area into calcaneal tendon at mid-calf

~ medially originating fiber straightening toward first longitudinal fiber's end area

^ & ^^ : ^ is Part 2's "Inroad Channel" (= Center of Gravity) & ^^ is the "Resulting Structure" (= Day's "Bone")

***Exit correspondents associated with Day 1, Day 2 & Day 3 structures are shown below**					**** Exits**
8:52a - 11:16a **|** Eye part 1 **|**	Spleen	Kidney	LLS 3, p.1	LLS 6, p.1	RLS 9, p.1	Urethra
11:16a - 4:04p **|** Eye part 2 **|**	Subclavian Artery	Gallbladder	part 2	part 2	part 2	Armpits
4:04p - 12:52a **|** Eye part 3 **|**	Pancreas	Duodenum	part 3	part 3	part 3	Nipples
12:52a - 7:16a **|** Eye part 4 **|**	Cerebellum 4	Liver	part 4	part 4	part 4	Anus
7:16a - 8:04a **|** Eye part 5 **|**	Cerebrum 14	Lat.Vent**.,** L.B.	part 5	part 5	part 5	Eye
8:04a - 8:52a **|** Eye part 6 **|**	Cranial nerve VIII	Nerve T10	part 6	part 6	part 6	Vagina

***** Being that which is needed to allow constant organism alteration for constant universe change.**

8:52 a.m. 7/2/1939 HUMAN as Bob or Pendulum from Crista Galli as Hook or Pivot for 9/13 - 9/15/2014

DAY 1 BOB HOOK COMPLEX is ETHMOID+LACRIMAL/Sphenoid BONE with breath through Nasolacrimal Duct (N.D.) & Superior Lacrimal Canaliculus to activate the Inferior Petrosal Sinus thereby arranging the MIDDLE TEMPORAL GYRUS to align OUTER HAIR CELLS OF THE COCHLEA to form Lens, "muscles" are the lower, lateral quadrant 3-member set (43-45) of 3 equatorial zonular fibers per set.

DAY 2 BOB HOOK COMPLEX AID is NASAL/Upper Hip BONE with 2nd component of breath through N.D. & Inferior Lacrimal Canaliculus to activate Cavernous Sinus 4 thereby arranging FACIAL NERVE (C.N. VII) to continue proper gyrus function, muscles are the dilator, sphincter and orbitalis of the eye.

DAY 3 BOB HOOK COMPLEX AID (BOB-A) is Nasal/UPPER HIP BONE with 3rd component of breath through Eustacean Tube to activate Tympanic Cells thereby arranging SPINAL NERVE 15 (T11 Spinal Nerve) to continue proper gyrus function, muscles are as shown.

In order for the above described Bob Hook Complex to approach optimal function, there can be no misalignment of its associated bone, muscle and organ structures. In the lower set of boxed columns, preceded in the upper set by the enabling breath tracts, and aligned to the 6 spectral energy time intervals in 24 hours at left, are the 6 spectral energy associated structures as correlated with each numbered bone further below in the dated boxes. The 3 dated boxes then show the associated bone scaffold for the Upper Hip with the muscles for each bone of the scaffold changing through the 3 dates to provide on-going bone adjustment.

TIME INTERVALS corresponding to the 6 periods in 24 hours in which energy need evolved from possible available ranges of spectral energy from radio to gamma rays:	1 Breath thru nasolacrimal duct into inferior lacrimal canaliculus to activate cavernous sinus 4 & Eye Apparatus:	2 Breath through Eustacean tube to activate tympanic cells and the	3 Breath through Eustacean tube to activate saccule of the ear and the	4 Breath through inferior nasal meatus & incisive canal to activate LLS 3:	5 Breath through middle nasal meatus & incisive canal to activate LLS 6:	6 Breath through superior nasal meatus & incisive canal to activate RLS 9:	EXIT ROUTES for unincorporated wave lengths of spectral energy:
8:52am-11:16am >	Part 1 <lymph>	Spleen	Kidney	Part 1	Part 1	Part 1	urethra
11:16am-4:04pm >	Part 2 <blood>	Subclavian Artery	Gallbladder	Part 2	Part 2	Part 2	armpits
4:04pm-12:52am >	Part 3<hormone>	Pancreas	Duodenum	Part 3	Part 3	Part 3	nipples
12:52am-7:16am >	Part 4 <DNA>	Cerebellum 4	Liver	Part 4	Part 4	Part 4	anus
7:16am-8:04am >	Part 5 <RNA>	Cerebrum 15	Lat.Vent., L.B.	Part 5	Part 5	Part 5	eye
8:04am-8:52am >	Part 6 <protein>	Cranial Nerve VII	Nerve T11	Part 6	Part 6	Part 6	vagina

9/13/2014 DAY 1 BOB HOOK COMPLEX above is altered in connection with Bob Center, Medial Sesamoid of Mt Ss 1 (by way of balanced, full Mt Ss 1), through aegis of Middle Temporal Gyrus.

Associated bones/muscles are (1) Nasal Bone - eye's dilator muscle
(2) Upper Hip - conjoined longitudinal (rectum/levator ani)

(3) Cx 3
levator labii superioris

(4) Mc DP4
triceps brachii, long head

(5) T8
rectus capitis posterior minor

(6) Mt DP4
flexor digitorum brevis

9/14/2014 Day 2 Bob-A below is altered in connection with Bob Center, Superior Nasal Concha's overseen Series of Soft Tissue Structure (by way of Maxillary Sinus) in conjunction with Cranial Nerve VII (Facial).

DAY 2 BOB-A > (1) NASAL BONE - eye's sphincter muscle
Associated bones/muscles are (2) Upper Hip - internal anal sphincter

(3) Cx 3
superior rectus of eye

(4) Mc DP4
triceps brachii, medial head

(5) T8
longus capitis

(6) Mt DP4
flexor digiti minimi brevis

9/15/2014 Day 3 Bob Hook Complex Aid (Bob-A) below is altered in connection with Bob Center,

DAY 3 BOB-A > (1) Nasal Bone - eye's orbitalis muscle
(2) UPPER HIP - anal canal, muscularis mucosa

Nasal Bone's Subclavian Artery.

(3) Cx 3
depressor labii inferioris

(4) Mc DP4
triceps brachii, lateral head

(5) T8
rectus capitis posterior major

(6) Mt DP4
flexor digitorum longus

PROCESS FOR ALTERING STRUCTURES
with the following occurances proposed as associated with progress toward optimal functioning

Read boxes from left to right	**Inhalation along given tracts "to" given structures,**	**Likely causes (1) eye tracts to receive spectral energy (with surrogate aid from 6 Exit correspondents*) & intake into**	**And (2) pressure (for alteration) on**	**Exhalation with no collapse of breath tract & structures,**	**Causes (1) pressure (for alteration) on**	**And (2)**	**And (3)**
Day 1 ^ = * see page bottom for each	Superior lacrimal canaliculi "to" Inferior petrosal sinuses,	Medial sesamoid of Mt Ss 1s ^	Lacrimal bones ^^ as well as Middle temporal gyri ^^;	Sup.lac.can. & Inf. petrosal sinuses & 6 Exit correspondents* & Medial Ss of Mt Ss 1s ^ & Lacrimal bones ^^ & Middle temporal gyri ^^,	Medial sesamoid of Mt Ss 1s ^ **And intake into** Lacrimal bones ^^ as well as Middle temporal gyri ^^	Breath "to" Inferior petrosal sinuses to disperse to receiving structures of the brain to serve during inhalation	Exhalation pressure brought to bear on 6 Exit correspondents* to precipitate that which*** will serve possible surrogate, specifically needed spectral energy roles during inhalation; unused "spectral energy" pressure of the breath cycle disperses to Exits**.
Day 2 ^ = * see below for each	Inferior lacrimal canaliculi "to" Cavernous sinuses 4, (+ CN VII - Facial)	As above but for Peyer's patches, aorta, pyloric gland + 3 others ^	As above but for the Nasal bone ^^;	Inf. lac. can. & Cavernous sinuses 4 & 6 Exit correspondents* & Peyer's patches,etc. ^ & Nasal bone ^^,	Peyer's patches, aorta, pyloric gland, etc. ^ (+ CN VII) **And intake into** Nasal bone^^	Breath "to" Cavernous sinuses 4 to disperse to receiving structures of the brain	As above
Day 3 ^ = * see below	Eustacean tube "to" Tympanic cells,	As above but for the Nasal bone's subclavian arteries ^ bone's subclavian arteries^ & Upper hip^^,	As above but for the Upper hip;	Tympanic cells & 6 Exit correspondents* & Nasal	Nasal bone's subclavian arteries & **intake into** Upper hip ^^	Breath "to" Tympanic cells to disperse to receiving destinations	As above

Note: Maintain alignment of L5**/**pisiform, McSs2**/**incus, McSs1**/**hyoid, MtSs1**/**patella.

v/^ = down/up arrows **Direction** of **Stretch** for **Muscles** on **Front** of **Page** ~ **=** line continuance in this section

conjoined longitudinal (rectum/levator ani) - from top front of internal anus in longitudinal rows around in **v**
levator labii superioris - from under eye's medial section in to lip just below nose's outer limit | 24 hours
triceps brachii, long head - from scapula's upper lateral border at humerus into tendon to olecranon, elbow point
rectus capitis posterior minor - from posterior tubercle of C1 (atlas) to occipital b.'s medial inferior nuchal line
flexor digitorum brevis - from calcaneus (heel) into tendons to Mt MP2-5 | back of internal anus
internal anal sphincter - from area of end of last longitudinal fiber in circling bands with origins back to top **^**
superior rectus of eye - from eyeball's top in to tendinous ring at optic canal's exit from eye socket
triceps brachii, medial head - from olecranon to humerus's lower 1/2 posterior surface / upper medial border
longus capitis - from occipital's inferior basilar part slightly out to C3-C6 transverse processes
flexor digiti minimi brevis - from outer side of Mt PP5's plantar base to area of Mt 5's plantar base
anal canal, muscularis mucosa - rows of oblique fibers fanning from area of last circular fiber's end, at first **v**
depressor labii inferioris - from lateral bottom of chin up to blend medially beneath lip | laterally, then to 1st **~**
triceps brachii, lateral head - from upper posterior humerus into tendon to top of posterior ulna, its olecranon
rectus capitis posterior major - from spinous process of C2 (axis) to occipital b.'s lateral inferior nuchal line
flexor digitorum longus - from central medial posterior tibia to Mt DP2-5 plantar bases | **~**longitudinal fiber end

^ & ^^ : ^ is Part 2's "Inroad Channel" (= Center of Gravity) & ^^ is the "Resulting Structure" (= Day's "Bone")

***Exit correspondents associated with Day 1, Day 2 & Day 3 structures are shown below**					**** Exits**
8:52a - 11:16a **|** Eye part 1 **|**	Spleen	Kidney	LLS 3, p.1	LLS 6, p.1	RLS 9, p.1	Urethra
11:16a - 4:04p **|** Eye part 2 **|**	Subclavian Artery	Gallbladder	part 2	part 2	part 2	Armpits
4:04p - 12:52a **|** Eye part 3 **|**	Pancreas	Duodenum	part 3	part 3	part 3	Nipples
12:52a - 7:16a **|** Eye part 4 **|**	Cerebellum 4	Liver	part 4	part 4	part 4	Anus
7:16a - 8:04a **|** Eye part 5 **|**	Cerebrum 15	Lat.Vent**.,** L.B.	part 5	part 5	part 5	Eye
8:04a - 8:52a **|** Eye part 6 **|**	Cranial nerve VII	Nerve T11	part 6	part 6	part 6	Vagina

***** That which is formed is that which is needed to serve in altering organism structures to allow the organism to continually change to accord itself to its constantly altering universe.**

8:52 a.m. 7/2/1939 HUMAN as Bob or Pendulum from Crista Galli as Hook or Pivot for 9/16 - 9/18/2014

DAY 1 BOB HOOK COMPLEX is Ethmoid/SPHENOID+MAXILLA BONE with breath through Nasolacrimal Duct (N.D.) & Superior Lacrimal Canaliculus to activate the Inferior Petrosal Sinus thereby arranging the INFERIOR TEMPORAL GYRUS to align OUTER HAIR CELLS OF THE COCHLEA to form Lens, "muscles" are the lower, lateral quadrant 3-member set (46-48) of 3 equatorial zonular fibers per set.

DAY 2 BOB-A is FRONTAL/Pelvic Hip BONE with 2nd component of breath through N.D. & Inferior Lacrimal Canaliculus to activate Cavernous Sinus 4 thereby arranging VESTIBULOCOCHLEAR NERVE (C.N. VIII) to continue proper gyrus function, muscles are the dilator, sphincter and orbitalis of the eye.

DAY 3 BOB HOOK COMPLEX AID (BOB-A) is Frontal/PELVIC HIP BONE with 3rd component of breath through Eustacean Tube to activate Tympanic Cells thereby arranging SPINAL NERVE 16 (T12 Spinal Nerve) to continue proper gyrus function, muscles are as shown.

In order for the above described Bob Hook Complex to approach optimal function, there can be no misalignment of its associated bone, muscle and organ structures. In the lower set of boxed columns, preceded in the upper set by the enabling breath tracts, and aligned to the 6 spectral energy time intervals in 24 hours at left, are the 6 spectral energy associated structures as correlated with each numbered bone further below in the dated boxes. The 3 dated boxes then show the associated bone scaffold for the Pelvic Hip with the muscles for each bone of the scaffold changing through the 3 dates to provide on-going bone adjustment.

TIME INTERVALS corresponding to the 6 periods in 24 hours in which energy need evolved from possible available ranges of spectral energy from radio to gamma rays:	1 Breath thru nasolacrimal duct into inferior lacrimal canaliculus to activate cavernous sinus 4 & Eye Apparatus:	2 Breath through Eustacean tube to activate tympanic cells and the	3 Breath through Eustacean tube to activate saccule of the ear and the	4 Breath through inferior nasal meatus & incisive canal to activate LLS 3:	5 Breath through middle nasal meatus & incisive canal to activate LLS 6:	6 Breath through superior nasal meatus & incisive canal to activate RLS 9:	EXIT ROUTES for unincorporated wave lengths of spectral energy:
8:52am-11:16am >	Part 1 <lymph>	Spleen	Kidney	Part 1	Part 1	Part 1	urethra
11:16am-4:04pm >	Part 2 <blood>	Subclavian Artery	Gallbladder	Part 2	Part 2	Part 2	armpits
4:04pm-12:52am >	Part 3<hormone>	Pancreas	Duodenum	Part 3	Part 3	Part 3	nipples
12:52am-7:16am >	Part 4 <DNA>	Cerebellum 4	Liver	Part 4	Part 4	Part 4	anus
7:16am-8:04am >	Part 5 <RNA>	Cerebrum 16	Lat.Vent., L.B.	Part 5	Part 5	Part 5	eye
8:04am-8:52am >	Part 6 <protein>	Cranial Nerve VIII	Nerve T12	Part 6	Part 6	Part 6	vagina

9/16/2014 DAY 1 BOB HOOK COMPLEX above is altered in connection with Bob Center, L5 (by way of balanced, full Mt Ss 1), through aegis of Inferior Temporal Gyrus.

Associated bones/muscles are (1) Frontal Bone - eye's dilator muscle
(2) Pelvic Hip - corrugator cutis ani /conjoined longitudinal

(3) Cx 4
lateral pterygoid, inferior head

(4) Hamate
coracobrachialis

(5) Rib 8
semispinalis capitis, medial

(6) Cuboid
biceps femoris, short head

9/17/2014 Day 2 Bob Hook Complex Aid (Bob-A) below is altered in connection with Bob Center, L2 (by way of Maxillary Sinus), in conjunction with Cranial Nerve VIII (Vestibulocochlear).

DAY 2 BOB-A > (1) FRONTAL BONE - eye's sphincter muscle
Associated bones/muscles are (2) Pelvic Hip - external anal sphincter

(3) Cx 4
medial pterygoid

(4) Hamate
abductor pollicis longus

(5) Rib 8
splenius capitis

(6) Cuboid
quadratus femoris

9/18/2014 Day 3 Bob-A below is altered in connection with Bob Center, Nasal Bone's Pancreas.

(1) Frontal Bone - eye's orbitalis muscle
DAY 3 BOB-A > (2) PELVIC HIP - levator ani

(3) Cx 4
lateral pterygoid, superior head

(4) Hamate
brachialis

(5) Rib 8
semispinalis capitis, lateral

(6) Cuboid
biceps femoris, long head

PROCESS FOR ALTERING STRUCTURES
with the following occurances proposed as associated with progress toward optimal functioning

Read boxes from left to right	**Inhalation along given tracts "to" given structures,**	**Likely causes (1) eye tracts to receive spectral energy (with surrogate aid from 6 Exit correspondents*) & intake into**	**And (2) pressure (for alteration) on**	**Exhalation with no collapse of breath tract & structures,**	**Causes (1) pressure (for alteration) on**	**And (2)**	**And (3)**
Day 1 ^ = * see page bottom for each	Superior lacrimal canaliculi "to" Inferior petrosal sinuses**,**	L5 ^	Maxilla bone ^^ as well as Inferior temporal gyri ^^**;**	Sup.lac.can. & Inf. petrosal sinuses & 6 Exit correspondents* & L5 ^ & Maxilla bone ^^ & Inferior temporal gyri ^^**,**	**And intake into** Maxilla bone ^^ as well as Inferior temporal gyri ^^	Breath "to" Inferior petrosal sinuses to disperse to receiving structures of the brain to serve during inhalation	Exhalation pressure brought to bear on 6 Exit correspondents* to precipitate that which*** will serve possible surrogate, specifically needed spectral energy roles during inhalation**;** unused "spectral energy" pressure of the breath cycle disperses to Exits**.
Day 2 ^ = * see below for each	Inferior lacrimal canaliculi "to" Cavernous sinuses 4**,**	As above but for L2 ^ (+ CN VIII, i.e. Cranial nerve VIII, Vestibulocochlear)	As above but for the Frontal bone ^^ **;**	Inf. lac. can. & Cavernous sinuses 4 & 6 Exit correspondents* & L2^ (+ CN VIII) & Frontal bone ^^**,**	L2 ^ (+ CN VIII) **And intake into** Frontal bone ^^	Breath "to" Cavernous sinuses 4 to disperse to receiving structures of the brain	As above
Day 3 ^ = * see below	Eustacean tube "to" Tympanic cells**,**	As above but for the Nasal bone's pancreas ^	As above but for the Pelvic hip ^^**;**	Tympanic cells & 6 Exit correspondents* & Nasal bone's pancreas ^ and Pelvic hip ^^**,**	Nasal bone's pancreas ^ **& intake into** Pelvic hip ^^	Breath "to" Tympanic cells to disperse to receiving destinations	As above

Note: Maintain alignment of L5**/**pisiform, McSs2**/**incus, McSs1**/**hyoid, MtSs1**/**patella.

Direction of **Stretch** for **Muscles** on **Front** of **Page**

around internal anal sphincter musculature
corrugator cutis ani /conjoined longitudinal - from front intersphincteric groove in outward, upward rows **^**
lateral pterygoid, inferior head - from upper lateral sphenoid's lateral pterygoid plate to condyle's neck's area
coracobrachialis - from scapula's corocoid process to humerus's medial surface at its middle
semispinalis capitis, medial - from T6-T1, C7 transverse proc. to medial occipital bone between nuchal lines
biceps femoris, short head - from posterior lower 1/2 femur, lateral to center, to lateral side of head of fibula

external anal sphincter - from last corrugator cutis ani fiber end in downward bands around internal anus
medial pterygoid - from mandible's angle/ramus to inside sphenoid's lateral pterygoid plate by its sinus
abductor pollicis longus -from top back Mc 1 to posterior mid-radius across membrane & up lower mid-ulna
splenius capitis -from mastoid proc.& far lateral occipital b. to ligumentum above C7& C7/T1-T4 spinous proc.
quadratus femoris - from greater trochanter mid-back edge to ishial tuberosity lateral juncture at ischium body

levator ani - rows from area of first corrugator cutis ani fiber origin, rows curving to levator's tendinous arch
lateral pterygoid, superior head - from lower lateral sphenoid bone's greater wing to area of neck of condyle
brachialis - from lower 1/2 of anterior humerus to ulna's anterior top, i.e. coronoid process & tuberosity
semispinalis capitis, lateral - from T6-T1 & C7 transverse proc. to lateral occipital bone between nuchal lines
biceps femoris, long head - from middle portion of posterior ishial tuberosity to lateral side of head of fibula

^ & ^^ **:** ^ is Part 2's "Inroad Channel" (= Center of Gravity) & ^^ is the "Resulting Structure" (= Day's "Bone")

***Exit correspondents associated with Day 1, Day 2 & Day 3 structures are shown below**						**** Exits**
8:52a - 11:16a **|** Eye part 1 **|**	Spleen	Kidney	LLS 3, p.1	LLS 6, p.1	RLS 9, p.1	Urethra
11:16a - 4:04p **|** Eye part 2 **|**	Subclavian Artery	Gallbladder	part 2	part 2	part 2	Armpits
4:04p - 12:52a **|** Eye part 3 **|**	Pancreas	Duodenum	part 3	part 3	part 3	Nipples
12:52a - 7:16a **|** Eye part 4 **|**	Cerebellum 4	Liver	part 4	part 4	part 4	Anus
7:16a - 8:04a **|** Eye part 5 **|**	Cerebrum 16	Lat.Vent**.,** L.B.	part 5	part 5	part 5	Eye
8:04a - 8:52a **|** Eye part 6 **|**	Cranial nerve VIII	Nerve T12	part 6	part 6	part 6	Vagina

***** That which is formed is that which is needed to serve in altering organism structures to allow the organism to continually change to accord itself to its constantly altering universe.**

8:52 a.m. 7/2/1939 HUMAN as Bob or Pendulum from Crista Galli as Hook or Pivot for 9/19 - 9/21/2014

DAY 1 BOB HOOK COMPLEX is ETHMOID/Sphenoid BONE with breath through Nasolacrimal Duct (N.D.) & Superior Lacrimal Canaliculus to activate the Sigmoid/Transverse Sinus thereby arranging the LONG GYRUS to align APPARATUS OF EYE ITSELF to form Lens for spectral energy transmission, "muscles" are the medial-most 3-member set (1-3) of 3 equatorial zonular fibers per set.

DAY 2 BOB-A is PARIETAL BONE/Xiphoid Process with 2nd component of breath through N.D. & Inferior Lacrimal Canaliculus to activate Cavernous Sinus 1 thereby arranging OLFACTORY NERVE (C.N. I) to continue proper gyrus function, muscles are the dilator, sphincter and orbitalis of the eye.

DAY 3 BOB HOOK COMPLEX AID (BOB-A) is C1/MC 5 with 3rd component of breath through Inferior Nasal Meatus & Incisive Canal to activate RLS 1 thereby arranging SPINAL NERVE 1 (C5 Spinal Nerve) to continue proper gyrus function, muscles are as shown.

In order for the above described Bob Hook Complex to approach optimal function, there can be no mis-alignment of its associated bone, muscle and organ structures. In the lower set of boxed columns below, preceded in the upper set by the enabling breath tracts, and aligned to the 6 spectral energy time intervals in 24 hours at left, are the 6 spectral energy associated structures as correlated with each numbered bone further below in the dated boxes. The 3 dated boxes then show the associated bone scaffold for Mc 5 with the muscles for each bone of the scaffold changing through the 3 dates to provide on-going bone adjustment.

TIME INTERVALS corresponding to the 6 periods in 24 hours in which energy need evolved from possible available ranges of spectral energy from radio to gamma rays:	1 Breath thru nasolacrimal duct into inferior lacrimal canaliculus to activate cavernous sinus 1 & Eye Apparatus:	2 Breath through frontonasal duct to activate frontal sinus and the	3 Breath through Eustacean tube to activate anterior semicircular duct ampulla and the	4 Breath through inferior nasal meatus & incisive canal to activate RLS 1:	5 Breath through middle nasal meatus & incisive canal to activate RLS 4:	6 Breath through superior nasal meatus & incisive canal to activate LLS 7+8:	EXIT ROUTES for unincor-porated wave lengths of spectral energy:
8:52am-11:16am >	Part 1 <lymph>	Bone Marrow	Kidney	Part 1	Part 1	Part 1	urethra
11:16am-4:04pm >	Part 2 <blood>	Carotid Artery	Gallbladder	Part 2	Part 2	Part 2	armpits
4:04pm-12:52am >	Part 3<hormone>	Pineal Gland	Duodenum	Part 3	Part 3	Part 3	nipples
12:52am-7:16am >	Part 4 <DNA>	Cerebellum 1	Liver	Part 4	Part 4	Part 4	anus
7:16am-8:04am >	Part 5 <RNA>	Cerebrum 1	Lat.Vent., R.F.	Part 5	Part 5	Part 5	eye
8:04am-8:52am >	Part 6 <protein>	Cranial Nerve I	Nerve C5	Part 6	Part 6	Part 6	vagina

9/19/2014 DAY 1 BOB HOOK COMPLEX above (ETHMOID BONE brought forth in forming cerebrum) was originated, & is altered, in connection with Bob Center, S3 (by way of ingress of outside environment), through aegis of the Long Gyrus.

Associated bones/muscles are (1) Parietal Bone - eye's dilator muscle
(2) Xiphoid Process - ciliaris, longitudinal fibers
(3) C1 ciliaris, longitudinal fibers
(4) Mc 5 ciliaris, longitudinal fibers
(5) T1 ciliaris, longitudinal fibers
(6) Mt 5 ciliaris, longitudinal fibers

9/20/2014 Day 2 Bob-A below is altered in connection with Bob-Center, Nasal Bone's overseen Series of Soft Tissue Structure (by way of Mastoid Cells) in conjunction with Cranial Nerve IX (Glossopharyngeal).

DAY 2 BOB-A > (1) PARIETAL BONE - eye's sphincter muscle
Associated bones/muscles are (2) Xiphoid Process - ciliaris, circular fibers
(3) C1 ciliaris, circular fibers
(4) Mc 5 ciliaris, circular fibers
(5) T1 ciliaris, circular fibers
(6) Mt 5 ciliaris, circular fibers

9/21/2014 Day 3 Bob Hook Complex Aid (Bob-A) below is altered in connection with Bob Center, Lower 2nd Pre-molar.

(1) Parietal Bone - eye's orbitalis muscle
(2) Xiphoid Process - ciliaris, radial fibers
(3) C1 ciliaris, radial fibers
(4) MC 5 > DAY 3 BOB-A ciliaris, radial fibers
(5) T1 ciliaris, radial fibers
(6) Mt 5 ciliaris, radial fibers

PROCESS FOR ALTERING STRUCTURES (see Text at beginning of Part 5 for elucidation)
with the following occurances proposed as associated with progress toward optimal functioning

Read boxes from left to right	Inhalation along given tracts "to" given structures,	Likely causes (1) eye tracts to receive spectral energy (with surrogate aid from 6 Exit correspondents*) & intake into	And (2) pressure (for alteration) on	Exhalation with no collapse of breath tract & structures,	Causes (1) pressure (for alteration) on	And (2)	And (3)
					S3 ^	Breath "to" Sigmoid/ transverse sinuses to disperse to receiving structures of the brain to serve during inhalation	Exhalation pressure brought to bear on 6 Exit correspondents* to precipitate that which*** will serve possible surrogate, specifically needed spectral energy roles during inhalation; unused "spectral energy" pressure of the breath cycle disperses to Exits**.
Day 1 ^ = * see page bottom for each	Superior lacrimal canaliculi "to" Sigmoid/ transverse sinuses,	S3 ^	Ethmoid bone ^^ (+ cerebrum) & Long gyri ^^;	Sup.lac.can. & Sig./trans. sinuses & 6 Exit correspondents* & S3 ^ & Ethmoid bone ^^ (+ cerebrum) & Long gyri ^^,	**And intake into** Ethmoid bone ^^ (+ cerebrum) & Long gyri ^^		
Day 2 ^ = * see below for each	Inferior lacrimal canaliculi "to" Cavernous sinuses 1, (+ CN IX - Glossopharyngeal)	As above but for the Spleen, subclavian artery, pancreas + 3 others ^	As above but for the Parietal bone ^^;	Inf. lac. can. & Cavernous sinuses 1 & 6 Exit correspondents* & Spleen, etc. ^ & Parietal bone ^^,	Spleen, subclavian artery, pancreas, etc. ^ (+ CN IX) **& intake into** Parietal bone ^^	Breath "to" Cavernous sinuses 1 to disperse to receiving structures of the brain	As above
Day 3 ^ = * see below	Inferior nasal meatus & incisive canal "to" RLS 1,	As above but for Lower 2nd pre-molars ^	As above but for Mc 5s ^^;	Inf. nas. m. & RLS 1 & 6 Exit correspondents* & Lower 2nd pre-molars ^ & Mc 5s ^^,	Lower 2nd pre-molars ^ **And intake into** Mc 5s ^^	Breath "to" RLS 1 to disperse to lung part destinations	As above

Note: Maintain alignment of L5**/**pisiform, McSs2**/**incus, McSs1**/**hyoid, MtSs1**/**patella.

Commentary on the Ciliaris Muscle and Possible Sensation of Directions of Stretch of Its 3 Fibers

Of the 3 layers of the eyeball, the middle one contains the choroid sweeping around the back of the eyeball with the ciliary body and iris forming the front of the layer. The ciliary muscle of the ciliary body brings about the change in the shape of the lens of the eye. For bringing a near object into focus a thicker, more convex lens is required. This thicker, more convex lens is formed by pulling forward the ciliary body and the connecting choroid in order to relieve tension on zonular fibers connecting the ciliary body and the lens. The longitudinal, circular and radial fibers of the ciliaris muscle manipulate the ciliary body. It is possible the addition of all subsequent muscles to the body (as well as other structures) serve ultimately to manipulate the ciliary body to shape the lens while attempting always to align the fovea centralis to the hyaloid canal.

Day 1, Day 2 and Day 3 muscles below each serves on its day for the xiphoid process, C1, Mc 5, T1 & Mt 5.

ciliaris, longitudinal fibers - sensation of fibers curving perpendicularly backward through ciliary body from direction of iris toward choroid starting at top front of ciliary-body part of eyeball and progressing in top-to-bottom rows around eyeball in 24 hours, perpendicularly from direction of iris.

ciliaris, circular fibers - sensation of fibers curving through ciliary body parallel to lens in circular bands from bottom of eyeball to top with band origins progressing from back to front along bottom of ciliary body.

ciliaris, radial fibers - sense of most internal fiber/s curving obliquely from area of last reach of circular fiber (at top front of ciliary-body) ultimately straightening in 24 hours toward top back of eyeball.

^ & ^^ **:** ^ is Part 2's "Inroad Channel" (= Center of Gravity) & ^^ is the "Resulting Structure" (= Day's "Bone")

*Exit correspondents associated with Day 1, Day 2 & Day 3 structures are shown below							** Exits
8:52a - 11:16a **|** Eye part 1 **|**	Bone Marrow	Kidney	RLS 1, p.1	RLS 4, p.1	LLS7+8,p.1		Urethra
11:16a - 4:04p **|** Eye part 2 **|**	Carotid Artery	Gallbladder	part 2	part 2	part 2		Armpits
4:04p - 12:52a **|** Eye part 3 **|**	Pineal Gland	Duodenum	part 3	part 3	part 3		Nipples
12:52a - 7:16a **|** Eye part 4 **|**	Cerebellum 1	Liver	part 4	part 4	part 4		Anus
7:16a - 8:04a **|** Eye part 5 **|**	Cerebrum 1	Lat.Vent., R.F.	part 5	part 5	part 5		Eye
8:04a - 8:52a **|** Eye part 6 **|**	Cranial nerve I	Nerve C5	part 6	part 6	part 6		Vagina

***** Being that which is needed to allow constant organism alteration for constant universe change.**

8:52 a.m. 7/2/1939 HUMAN as Bob or Pendulum from Crista Galli as Hook or Pivot for 9/22 - 9/24/2014

DAY 1 BOB HOOK COMPLEX is Ethmoid/SPHENOID BONE with breath through Nasolacrimal Duct (N.D.) & Superior Lacrimal Canaliculus to activate the Sigmoid/Transverse Sinus thereby arranging the SHORT GYRUS to align APPARATUS OF EYE ITSELF to form Lens for spectral energy transmission, "muscles" are the upper, medial quadrant 3-member set (4-6) of 3 equatorial zonular fibers per set.

DAY 2 BOB-A is OCCIPITAL/Sternum BONE with 2nd component of breath through N.D. & Inferior Lacrimal Canaliculus to activate Cavernous Sinus 1 thereby arranging OPTIC NERVE (C.N. II) to continue proper gyrus function, muscles are the dilator, sphincter and orbitalis of the eye.

DAY 3 BOB HOOK COMPLEX AID (BOB-A) is C2/MC 2 with 3rd component of breath through Inferior Nasal Meatus & Incisive Canal to activate RLS 1 thereby arranging SPINAL NERVE 2 (C6 Spinal Nerve) to continue proper gyrus function, muscles are as shown.

In order for the above described Bob Hook Complex to approach optimal function, there can be no mis-alignment of its associated bone, muscle and organ structures. In the lower set of boxed columns below, preceded in the upper set by the enabling breath tracts, and aligned to the 6 spectral energy time intervals in 24 hours at left, are the 6 spectral energy associated structures as correlated with each numbered bone further below in the dated boxes. The 3 dated boxes then show the associated bone scaffold for Mc 2 with the muscles for each bone of the scaffold changing through the 3 dates to provide on-going bone adjustment.

TIME INTERVALS corresponding to the 6 periods in 24 hours in which energy need evolved from possible available ranges of spectral energy from radio to gamma rays:	**1** Breath thru nasolacrimal duct into inferior lacrimal canaliculus to activate cavernous sinus 1 & Eye Apparatus:	**2** Breath through frontonasal duct to activate frontal sinus and the	**3** Breath through Eustacean tube to activate anterior semicircular duct ampulla and the	**4** Breath through inferior nasal meatus & incisive canal to activate RLS 1:	**5** Breath through middle nasal meatus & incisive canal to activate RLS 4:	**6** Breath through superior nasal meatus & incisive canal to activate LLS 7+8:	**EXIT ROUTES** for unincor-porated wave lengths of spectral energy:
8:52am-11:16am >	Part 1 <lymph>	Bone Marrow	Kidney	Part 1	Part 1	Part 1	urethra
11:16am-4:04pm >	Part 2 <blood>	Carotid Artery	Gallbladder	Part 2	Part 2	Part 2	armpits
4:04pm-12:52am >	Part 3<hormone>	Pineal Gland	Duodenum	Part 3	Part 3	Part 3	nipples
12:52am-7:16am >	Part 4 <DNA>	Cerebellum 1	Liver	Part 4	Part 4	Part 4	anus
7:16am-8:04am >	Part 5 <RNA>	Cerebrum 2	Lat.Vent., R.F.	Part 5	Part 5	Part 5	eye
8:04am-8:52am >	Part 6 <protein>	Cranial Nerve II	Nerve C6	Part 6	Part 6	Part 6	vagina

9/22/2014 DAY 1 BOB HOOK COMPLEX above (SPHENOID BONE brought forth in forming cerebellum) was originated, & is altered, in connection with Bob Center, C5 (by way of ingress of outside environment),

Associated bones/muscles are (1) Occipital Bone - eye's dilator muscle **through aegis of the Short Gyrus.**
(2) Sternum - uterus/scrotum, longitudinal fibers
(3) C2 uterus/scrotum, longitudinal fibers
(4) Mc 2 uterus/scrotum, longitudinal fibers
(5) Rib 1 uterus/scrotum, longitudinal fibers
(6) Mt 2 uterus/scrotum, longitudinal fibers

9/23/2014 Day 2 Bob Hook Complex Aid (Bob-A) below is altered in connection with Bob-Center, L3 (by way of Mastoid Cells), in conjunction with Cranial Nerve X (Vagus).

DAY 2 BOB-A > (1) OCCIPITAL BONE - eye's sphincter muscle
Associated bones/muscles are (2) Sternum - uterus/scrotum, circular fibers
(3) C2 uterus/scrotum, circular fibers
(4) Mc 2 uterus/scrotum, circular fibers
(5) Rib 1 uterus/scrotum, circular fibers
(6) Mt 2 uterus/scrotum, circular fibers

9/24/2014 Day 3 Bob Hook Complex Aid below is altered in connection with Bob Center, Upper 2nd Pre-molar.

(1) Occipital Bone - eye's orbitalis muscle
(2) Sternum - uterus/scrotum, radial fibers
(3) C2 uterus/scrotum, radial fibers
(4) MC 2 > DAY 3 BOB-A uterus/scrotum, radial fibers
(5) Rib 1 uterus/scrotum, radial fibers
(6) Mt 2 uterus/scrotum, radial fibers

PROCESS FOR ALTERING STRUCTURES as associated with progress toward optimal functioning

Read boxes from left to right	Inhalation along given tracts "to" given structures,	Likely causes (1) eye tracts to receive spectral energy (with surrogate aid from 6 Exit correspondents*) & intake into C5 ^	And (2) pressure (for alteration) on	Exhalation with no collapse of breath tract & structures,	Causes (1) pressure (for alteration) on C5 ^	And (2)	And (3)
Day 1 ^ = * see page bottom for each	Superior lacrimal canaliculi "to" Sigmoid/ transverse sinuses,		Sphenoid bone ^^ (+ cerebellum) & Short gyri ^^;	Sup.lac.can. & Sig./trans. sinuses & 6 Exit correspondents* & C5 ^ & Sphenoid bone ^^ (+ cerebellum) & Short gyri ^^,	**And intake into** Sphenoid bone ^^ (+ cerebellum) & Short gyri ^^	Breath "to" Sigmoid / transverse sinuses to disperse to receiving structures of the brain to serve during inhalation	Exhalation pressure brought to bear on 6 Exit correspondents* to precipitate that which*** will serve possible surrogate, specifically needed spectral energy roles during inhalation; unused "spectral energy" pressure of the breath cycle disperses to Exits**.
Day 2 ^ = * see below for each	Inferior lacrimal canaliculi "to" Cavernous sinuses 1,	As above but for L3 ^ (+ CN X, i.e. Cranial nerve X, Vagus)	As above but for the Occipital bone ^^;	Inf. lac. can. & Cavernous sinuses 1 & 6 Exit correspondents* & L3 ^ (+ CN X) & Occipital bone ^^,	L3 ^ (+ CN X) **And intake into** Occipital bone ^^	Breath "to" Cavernous sinuses 1 to disperse to receiving structures of the brain	As above
Day 3 ^ = * see below	Inferior nasal meatus & incisive canal "to" RLS 1,	As above but for Upper 2nd pre-molars ^	As above but for Mc 2s ^^;	Inf. nas. m. & RLS 1 & 6 Exit correspondents* & Upper 2nd pre-molars ^ & Mc 2s ^^,	Upper 2nd pre-molars ^ **And intake into** Mc 2s ^^	Breath "to" RLS 1 to disperse to lung part destinations	As above

Commentary on Uterus/Scrotum Muscle & Possible Sensation of Directions of Stretch of Its 3 Fibers

The muscle for the body's second scaffold of bones is either the uterus or the scrotum, the only differently located muscularly developed structures of the body associated with a single bone, with the different locations of the two muscles, which serve the same bone in female and male, perhaps being the source of the differentiation of the sexes. Only the uterus is considered here. It opens into the top of the vagina which extends behind the urethra and the bladder, the latter being at the lower front of the body behind the pubic symphysis. From its opening into the vagina's top, beyond the bladder's top rear, the uterus curves over the bladder toward the body's front. As with the ciliary muscle, there are longitudinal, circular & radial muscle fibers.

uterus/scrotum, longitudinal fibers - sensation of fibers extending first along top of uterus from above its cervical opening into vagina out to / over the fundus of uterus at its extension over the bladder toward the front wall of the body - with subsequent fibers laterally paralleling the first fibers. This muscle serves for the sternum, C2, Mc 2, rib 1, and Mt 2 as Day 1 bones.

uterus/scrotum, circular fibers - sense of circular bands of fibers proceeding (from bottom side) along fallopian tubes toward uterus & then, parallel, enlarging bands proceeding across uterus over its fundus & around its side so the two sets of bands crisscross one another along the top and bottom of uterus seguing into circular bands around the uterus as it approaches its cervical opening into the vagina. This muscle serves the sternum, C2, Mc 2, rib 1 and Mt 2 as Day 2 bones **as does the one below when they are Day 3 bones**.

uterus/scrotum, radial fibers - sense of most internal fiber/s curving obliquely from area of last reach of circular fibers thru uterus & fallopian tubes, fibers straightening in 24 hours toward end of 1st longitudinal fiber.

^ & ^^ **:** ^ is Part 2's "Inroad Channel" (= Center of Gravity) & ^^ is the "Resulting Structure" (= Day's "Bone")

***Exit correspondents associated with Day 1, Day 2 & Day 3 structures are shown below**						**** Exits**
8:52a - 11:16a **|** Eye part 1 **|**	Bone Marrow	Kidney	RLS 1, p.1	RLS 4, p.1	LLS7+8,p.1	Urethra
11:16a - 4:04p **|** Eye part 2 **|**	Carotid Artery	Gallbladder	part 2	part 2	part 2	Armpits
4:04p - 12:52a **|** Eye part 3 **|**	Pineal Gland	Duodenum	part 3	part 3	part 3	Nipples
12:52a - 7:16a **|** Eye part 4 **|**	Cerebellum 1	Liver	part 4	part 4	part 4	Anus
7:16a - 8:04a **|** Eye part 5 **|**	Cerebrum 2	Lat.Vent.,R.F.	part 5	part 5	part 5	Eye
8:04a - 8:52a **|** Eye part 6 **|**	Cranial nerve II	Nerve C6	part 6	part 6	part 6	Vagina

***** Being that which is needed to allow constant organism alteration for constant universe change.**

8:52 a.m. 7/2/1939 HUMAN as Bob or Pendulum from Crista Galli as Hook or Pivot for 9/25 - 9/272014

DAY 1 BOB HOOK COMPLEX is ETHMOID/Sphenoid BONE with breath through Nasolacrimal Duct (N.D.) & Superior Lacrimal Canaliculus to activate the Sigmoid/Transverse Sinus thereby arranging the DENTATE GYRUS to align ANTERIOR SEMICIRCULAR DUCT AMPULLA to form Lens,
"muscles" are the upper, medial quadrant 3-member set (7-9) of 3 equatorial zonular fibers per set.

DAY 2 BOB-A is PARIETAL/Manubrium BONE with 2nd component of breath through N.D. & Inferior Lacrimal Canaliculus to activate Cavernous Sinus 1 thereby arranging OLFACTORY NERVE (C.N. I) to continue proper gyrus function, muscles are the dilator, sphincter and orbitalis of the eye.

DAY 3 BOB HOOK COMPLEX AID (BOB-A) is C3/MC PP5 with 3rd component of breath through Inferior Nasal Meatus & Incisive Canal to activate RLS 1 thereby arranging SPINAL NERVE 3 (C7 Spinal Nerve) to continue proper gyrus function, muscles are as shown.

In order for the above described Bob Hook Complex to approach optimal function, there can be no mis-alignment of its associated bone, muscle and organ structures. In the lower set of boxed columns below, preceded in the upper set by the enabling breath tracts, and aligned to the 6 spectral energy time intervals in 24 hours at left, are the 6 spectral energy associated structures as correlated with each numbered bone further below in the dated boxes. The 3 dated boxes then show the associated bone scaffold for Mc PP5 with the muscles for each bone of the scaffold changing through the 3 dates to provide on-going bone adjustment.

TIME INTERVALS corresponding to the 6 periods in 24 hours in which energy need evolved from possible available ranges of spectral energy from radio to gamma rays:	**1** Breath thru nasolacrimal duct into inferior lacrimal canaliculus to activate cavernous sinus 1 & Eye Apparatus:	**2** Breath through frontonasal duct to activate frontal sinus and the	**3** Breath through Eustacean tube to activate anterior semicircular duct ampulla and the	**4** Breath through inferior nasal meatus & incisive canal to activate RLS 1:	**5** Breath through middle nasal meatus & incisive canal to activate RLS 4:	**6** Breath through superior nasal meatus & incisive canal to activate LLS 7+8:	**EXIT ROUTES** for unincor-porated wave lengths of spectral energy:
8:52am-11:16am >	Part 1 <lymph>	Bone Marrow	Kidney	Part 1	Part 1	Part 1	urethra
11:16am-4:04pm >	Part 2 <blood>	Carotid Artery	Gallbladder	Part 2	Part 2	Part 2	armpits
4:04pm-12:52am >	Part 3<hormone>	Pineal Gland	Duodenum	Part 3	Part 3	Part 3	nipples
12:52am-7:16am >	Part 4 <DNA>	Cerebellum 1	Liver	Part 4	Part 4	Part 4	anus
7:16am-8:04am >	Part 5 <RNA>	Cerebrum 3	Lat.Vent., R.F.	Part 5	Part 5	Part 5	eye
8:04am-8:52am >	Part 6 <protein>	Cranial Nerve I	Nerve C7	Part 6	Part 6	Part 6	vagina

9/25/2014 DAY 1 BOB HOOK COMPLEX above is altered in connection with Bob Center, Maxilla Alveolar Process (by way of Ethmoid Cells), through aegis of the Dentate Gyrus.

Associated bones/muscles are (1) Parietal Bone - eye's dilator muscle
(2) Manubrium - levator palpebrae superioris, superficial lamella
(3) C3 levator palpebrae superioris, superficial lamella
(4) Mc PP5 levator palpebrae superioris, superficial lamella
(5) T2 levator palpebrae superioris, superficial lamella
(6) Mt PP5 levator palpebrae superioris, superficial lamella

9/26/2014 Day 2 Bob-A below is altered in connection with Bob-Center, Nasal Bone's overseen Series of Soft Tissue Structure (by way of Mastoid Cells) in conjunction with Cranial Nerve IX (Glossopharyngeal).

DAY 2 BOB-A > (1) PARIETAL BONE - eye's sphincter muscle
Associated bones/muscles are (2) Manubrium - levator palpebrae superioris, middle lamella
(3) C3 levator palpebrae superioris, middle lamella
(4) Mc PP5 levator palpebrae superioris, middle lamella
(5) T2 levator palpebrae superioris, middle lamella
(6) Mt PP5 levator palpebrae superioris, middle lamella

9/27/2014 Day 3 Bob Hook Complex Aid (Bob-A) below is altered in connection with Bob Center, the Tibia.

(1) Parietal Bone - eye's orbitalis muscle
(2) Manubrium - levator palpebrae superioris, deep lamella
(3) C3 levator palpebrae superioris, deep lamella
(4) MC PP5 > DAY 3 BOB-A levator palpebrae superioris, deep lamella
(5) T2 levator palpebrae superioris, deep lamella
(6) Mt PP5 levator palpebrae superioris, deep lamella

PROCESS FOR ALTERING STRUCTURES (see Text at beginning of Part 5 for elucidation)
with the following occurances proposed as associated with progress toward optimal functioning

Read boxes from left to right	**Inhalation along given tracts "to" given structures,**	**Likely causes (1) eye tracts to receive spectral energy (with surrogate aid from 6 Exit correspondents*) & intake into**	**And (2) pressure (for alteration) on**	**Exhalation with no collapse of breath tract & structures,**	**Causes (1) pressure (for alteration) on**	**And (2)**	**And (3)**
Day 1 ^ = * see page bottom for each	Superior lacrimal canaliculi "to" Sigmoid/ transverse sinuses**,**	Maxilla alveolar process ^	Dentate gyri ^^**;**	Sup.lac.can. & Sig./ trans. sinuses & 6 Exit correspondents* & Maxilla alveolar process ^ & Dentate gyri ^^**,**	Maxilla alveolar process ^ **And intake into** Dentate gyri ^^	Breath "to" Sigmoid / transverse sinuses to disperse to receiving structures of the brain to serve during inhalation	Exhalation pressure brought to bear on 6 Exit correspondents* to precipitate that which*** will serve possible surrogate, specifically needed spectral energy roles during inhalation**;** unused "spectral energy" pressure of the breath cycle disperses to Exits**.
Day 2 ^ = * see below for each	Inferior lacrimal canaliculi "to" Cavernous sinuses 1, (+ CN IX - Glossopharyngeal)	As above but for the Spleen, subclavian artery, pancreas + 3 others ^	As above but for the Parietal bone ^^**;**	Inf. lac. can. & Cavernous sinuses 1 & 6 Exit correspondents* & Spleen, etc. ^ & Parietal bone ^^**,**	Spleen, subclavian artery, pancreas, etc. ^ (+ CN IX) **& intake into** Parietal bone ^^	Breath "to" Cavernous sinuses 1 to disperse to receiving structures of the brain	As above
Day 3 ^ = * see below	Inferior nasal meatus & incisive canal "to" RLS 1**,**	As above but for the Tibias ^	As above but for Mc PP5s^^**;** Tibias ^ & Mc PP5s ^^**,**	Inf. nas. m. & RLS 1 & 6 Exit correspondents* &	Tibias ^ **And intake into** Mc PP5s ^^	Breath "to" RLS 1 to disperse to lung part destinations	As above

Note: Maintain alignment of L5**/**pisiform, McSs2**/**incus, McSs1**/**hyoid, MtSs1**/**patella.

Commentary on Levator Palpebrae Superioris Muscle & Directions of Stretch of Its 3 Fibers

The pattern for the muscle fibers of the first, second and fourth 3-day bones of the body would seem to be the same, these being the xiphoid process, sternum and clavicle with their corresponding muscles being the fibers of the ciliaris, uterus/scrotum and bladder. The pattern for the muscle of the third 3-day bone, the manubrium, would seem to be different. This is the levator palpebrae superioris muscle, with a superior, a middle and a deep lamella, all seeming to blend together as part of the optic nerve and to run parallel to one another rather than to have longitudinal, circular and radial aspects. Perhaps the difference in muscle pattern results from the sort of bone the manubrium is. It is a beginning bone of the body which most lets other connecting bones change direction to extend toward other spatial directions. Perhaps since this possibility extends from the bone itself, the role of the muscle fibers becomes different.

levator palpebrae superioris, superficial lamella - from upper eyelid over sup. tarsus to upper optic canal
This same muscle serves for the manubrium, C3, Mc PP5, T2 and Mt PP5 as Day 1 bones.

levator palpebrae superioris, middle lamella - from upper optic canal to superior tarsus
This same muscle serves for the manubrium, C3, Mc PP5, T2 and Mt PP5 as Day 2 bones.

levator palpebrae superioris, deep lamella - from superior fornix deep to sup. tarsus to upper optic canal
This same muscle serves for the manubrium, C3, Mc PP5, T2 and Mt PP5 as Day 3 bones.

^ & ^^ **:** ^ is Part 2's "Inroad Channel" (= Center of Gravity) & ^^ is the "Resulting Structure" (= Day's "Bone")

***Exit correspondents associated with Day 1, Day 2 & Day 3 structures are shown below**						**** Exits**
8:52a - 11:16a **|** Eye part 1 **|**	Bone Marrow	Kidney	RLS 1, p.1	RLS 4, p.1	LLS7/8,p.1	Urethra
11:16a - 4:04p **|** Eye part 2 **|**	Carotid Artery	Gallbladder	part 2	part 2	part 2	Armpits
4:04p - 12:52a **|** Eye part 3 **|**	Pineal Gland	Duodenum	part 3	part 3	part 3	Nipples
12:52a - 7:16a **|** Eye part 4 **|**	Cerebellum 1	Liver	part 4	part 4	part 4	Anus
7:16a - 8:04a **|** Eye part 5 **|**	Cerebrum 3	Lat.Vent., R.F.	part 5	part 5	part 5	Eye
8:04a - 8:52a **|** Eye part 6 **|**	Cranial nerve I	Nerve C7	part 6	part 6	part 6	Vagina

***** That which is formed is that which is needed to serve in altering organism structures to allow the organism to continually change to accord itself to its constantly altering universe.**

8:52 a.m. 7/2/1939 HUMAN as Bob or Pendulum from Crista Galli as Hook or Pivot for 9/28 - 9/30/2014

DAY 1 BOB HOOK COMPLEX is Ethmoid/SPHENOID BONE with breath through Nasolacrimal Duct (N.D.) & Superior Lacrimal Canaliculus to activate the Sigmoid/Transverse Sinus thereby arranging the ORBITAL GYRUS to align ANTERIOR SEMICIRCULAR DUCT AMPULLA to form Lens,
"muscles" are the upper, medial quadrant 3-member set (10-12) of 3 equatorial zonular fibers per set.

DAY 2 BOB-A is OCCIPITAL/Clavicle BONE with 2nd component of breath through N.D. & Inferior Lacrimal Canaliculus to activate Cavernous Sinus 1 thereby arranging OPTIC NERVE (C.N. II) to continue proper gyrus function, muscles are the dilator, sphincter and orbitalis of the eye.

DAY 3 BOB HOOK COMPLEX AID (BOB-A) is C4/MC PP2 with 3rd component of breath through Inferior Nasal Meatus & Incisive Canal to activate RLS 1 thereby arranging SPINAL NERVE 4 (C8 Spinal Nerve) to continue proper gyrus function, muscles are as shown.

In order for the above described Bob Hook Complex to approach optimal function, there can be no mis-alignment of its associated bone, muscle and organ structures. In the lower set of boxed columns below, preceded in the upper set by the enabling breath tracts, and aligned to the 6 spectral energy time intervals in 24 hours at left, are the 6 spectral energy associated structures as correlated with each numbered bone further below in the dated boxes. The 3 dated boxes then show the associated bone scaffold for Mc PP2 with the muscles for each bone of the scaffold changing through the 3 dates to provide on-going bone adjustment.

TIME INTERVALS corresponding to the 6 periods in 24 hours in which energy need evolved from possible available ranges of spectral energy from radio to gamma rays:	1 Breath thru nasolacrimal duct into inferior lacrimal canaliculus to activate cavernous sinus 1 & Eye Apparatus:	2 Breath through frontonasal duct to activate frontal sinus and the	3 Breath through Eustacean tube to activate anterior semicircular duct ampulla and the	4 Breath through inferior nasal meatus & incisive canal to activate RLS 1:	5 Breath through middle nasal meatus & incisive canal to activate RLS 4:	6 Breath through superior nasal meatus & incisive canal to activate LLS 7+8:	EXIT ROUTES for unincor-porated wave lengths of spectral energy:
8:52am-11:16am >	Part 1 <lymph>	Bone Marrow	Kidney	Part 1	Part 1	Part 1	urethra
11:16am-4:04pm >	Part 2 <blood>	Carotid Artery	Gallbladder	Part 2	Part 2	Part 2	armpits
4:04pm-12:52am >	Part 3<hormone>	Pineal Gland	Duodenum	Part 3	Part 3	Part 3	nipples
12:52am-7:16am >	Part 4 <DNA>	Cerebellum 1	Liver	Part 4	Part 4	Part 4	anus
7:16am-8:04am >	Part 5 <RNA>	Cerebrum 4	Lat.Vent., R.F.	Part 5	Part 5	Part 5	eye
8:04am-8:52am >	Part 6 <protein>	Cranial Nerve II	Nerve C8	Part 6	Part 6	Part 6	vagina

9/28/2014 DAY 1 BOB HOOK COMPLEX above is altered in connection with Bob Center, Mandible Alveolar Process (by way of Ethmoid Cells), through aegis of the Orbital Gyrus.

Associated bones/muscles are (1) Occipital Bone - eye's dilator muscle
(2) Clavicle - bladder, longitudinal fibers
(3) C4 bladder, longitudinal fibers
(4) Mc PP2 bladder, longitudinal fibers
(5) Rib 2 bladder, longitudinal fibers
(6) Mt PP2 bladder, longitudinal fibers

9/29/2014 Day 2 Bob Hook Complex Aid (Bob-A) below is altered in connection with Bob-Center, L3 (by way of Mastoid Cells), in conjunction with Cranial Nerve X (Vagus).

DAY 2 BOB-A > (1) OCCIPITAL BONE - eye's sphincter muscle
Associated bones/muscles are (2) Clavicle - bladder, circular fibers
(3) C4 bladder, circular fibers
(4) Mc PP2 bladder, circular fibers
(5) Rib 2 bladder, circular fibers
(6) Mt PP2 bladder, circular fibers

9/30/2014 Day 3 Bob Hook Complex Aid (Bob-A) below is altered in connection with Bob Center, the Femur.

(1) Occipital Bone - eye's orbitalis muscle
(2) Clavicle - bladder, radial fibers
(3) C4 bladder, radial fibers
(4) MC PP2 > DAY 3 BOB-A bladder, radial fibers
(5) Rib 2 bladder, radial fibers
(6) Mt PP2 bladder, radial fibers

PROCESS FOR ALTERING STRUCTURES (see Text at beginning of Part 5 for elucidation) with the following occurances proposed as associated with progress toward optimal functioning

Read boxes from left to right	Inhalation along given tracts "to" given structures,	Likely causes (1) eye tracts to receive spectral energy (with surrogate aid from 6 Exit correspondents*) & intake into	And (2) pressure (for alteration) on	Exhalation with no collapse of breath tract & structures,	Causes (1) pressure (for alteration) on	And (2)	And (3)
					Mandible alveolar process ^	Breath "to" Sigmoid / transverse sinuses to disperse to receiving structures of the brain to serve during inhalation	Exhalation pressure brought to bear on 6 Exit correspondents* to precipitate that which*** will serve possible surrogate, specifically needed spectral energy roles during inhalation; unused "spectral energy" pressure of the breath cycle disperses to Exits**.
Day 1 ^ = * see page bottom for each	Superior lacrimal canaliculi "to" Sigmoid/ transverse sinuses,	Mandible alveolar process ^	Orbital gyri ^^;	Sup.lac.can. & Sig./ trans. sinuses & 6 Exit correspondents* & Mandible alveolar process ^ & Orbital gyri ^^,	**And intake into** Orbital gyri ^^		
Day 2 ^ = * see below for each	Inferior lacrimal canaliculi "to" Cavernous sinuses 1,	As above but for L3 ^ (+ CN X, i.e. Cranial nerve X, Vagus)	As above but for the Occipital bone ^^;	Inf. lac. can. & Cavernous sinuses 1 & 6 Exit correspondents* & L3 ^ (+ CN X) & Occipital bone ^^,	L3 ^ (+ CN X) **And intake into** Occipital bone ^^	Breath "to" Cavernous sinuses 1 to disperse to receiving structures of the brain	As above
Day 3 ^ = * see below	Inferior nasal meatus & incisive canal "to" RLS 1,	As above but for the Femurs ^	As above but for Mc PP2s^^; Femurs ^ & Mc PP2s ^^,	Inf. nas. m. & RLS 1 & 6 Exit correspondents* &	Femurs ^ **And intake into** Mc PP2s ^^	Breath "to" RLS 1 to disperse to lung part destinations	As above

Note: Maintain alignment of L5**/**pisiform, McSs2**/**incus, McSs1**/**hyoid, MtSs1**/**patella.

Commentary on the Bladder Muscle and Possible Sensation of Directions of Stretch of Its 3 Fibers

The bladder sits toward the front of the body just above the pelvis (at the pelvic diaphragm) and above the urinary tract with a forward-projected portion. The longitudinal, circular and radial bladder muscle fibers serve, respectively, as the body's manipulating muscles on Day 1, Day 2 and Day 3 of the service of Rib 2 as the 3-day bone perhaps with the ultimate purpose of manipulating the ciliary body to fashion the lens.

bladder, longitudinal fibers - sensation of longitudinal stretch from the front neck of the bladder at the top of the urethra forward and up over the apex at the bladder's front reach in the body, then back toward the fundus at the bladder's back reach, with fiber rows progressing laterally around through 24 hours. This same muscle serves for the clavicle, C4, Mc PP2, rib 2 and Mt PP2 as Day 1 bones.

bladder, circular fibers - sensation of circular band stretch, around and up bladder starting in area of end of last longitudinal fiber above posterior neck, band origins progressing back to anterior neck in 24 hrs. This same muscle serves for the clavicle, C4, Mc PP2, rib 2 and Mt PP2 as Day 2 bones.

bladder, radial fibers - sense of stretch from bunched row of fibers originating in area of end of last circular fiber in front neck area, initially with obliquely lateral destination points of stretch, points straightening in 24 hours toward the end of the 1st longitudinal fiber at bladder fundus (to align fovea centralis). This same muscle serves for the clavicle, C4, Mc PP2, rib 2 and Mt PP2 as Day 3 bones.

^ & ^^ **:** ^ is Part 2's "Inroad Channel" (= Center of Gravity) & ^^ is the "Resulting Structure" (= Day's "Bone")

***Exit correspondents associated with Day 1, Day 2 & Day 3 structures are shown below**							**** Exits**
8:52a - 11:16a **|** Eye part 1 **|**	Bone Marrow	Kidney	RLS 1, p.1	RLS 4, p.1	LLS7/8,p.1		Urethra
11:16a - 4:04p **|** Eye part 2 **|**	Carotid Artery	Gallbladder	part 2	part 2	part 2		Armpits
4:04p - 12:52a **|** Eye part 3 **|**	Pineal Gland	Duodenum	part 3	part 3	part 3		Nipples
12:52a - 7:16a **|** Eye part 4 **|**	Cerebellum 1	Liver	part 4	part 4	part 4		Anus
7:16a - 8:04a **|** Eye part 5 **|**	Cerebrum 4	Lat.Vent., R.F.	part 5	part 5	part 5		Eye
8:04a - 8:52a **|** Eye part 6 **|**	Cranial nerve II	Nerve C8	part 6	part 6	part 6		Vagina

***** That which is formed is that which is needed to serve in altering organism structures to allow the organism to continually change to accord itself to its constantly altering universe.**

8:52 a.m. 7/2/1939 HUMAN as Bob or Pendulum from Crista Galli as Hook or Pivot for 10/1 - 10/3/2014

DAY 1 BOB HOOK COMPLEX is ETHMOID/Sphenoid BONE with breath through Nasolacrimal Duct (N.D.) & Superior Lacrimal Canaliculus to activate the Straight/Occipital Sinus thereby arranging the STRAIGHT GYRUS to align POSTERIOR SEMICIRCULAR DUCT AMPULLA to form Lens,
"muscles" are the upper, medial quadrant 3-member set (13-15) of 3 equatorial zonular fibers per set.

DAY 2 BOB-A is PARIETAL/Scapula BONE with 2nd component of breath through N.D. & Inferior Lacrimal Canaliculus to activate Cavernous Sinus 2 thereby arranging OCULOMOTOR NERVE (C.N. III) to continue proper gyrus function, muscles are the dilator, sphincter and orbitalis of the eye.

DAY 3 BOB HOOK COMPLEX AID (BOB-A) is S5/MC MP5 with 3rd component of breath through Inferior Nasal Meatus & Incisive Canal to activate LLS 1+2 thereby arranging SPINAL NERVE 5 (T1 Spinal Nerve) to continue proper gyrus function, muscles are as shown.

In order for the above described Bob Hook Complex to approach optimal function, there can be no mis-alignment of its associated bone, muscle and organ structures. In the lower set of boxed columns below, preceded in the upper set by the enabling breath tracts, and aligned to the 6 spectral energy time intervals in 24 hours at left, are the 6 spectral energy associated structures as correlated with each numbered bone further below in the dated boxes. The 3 dated boxes then show the associated bone scaffold for Mc MP5 with the muscles for each bone of the scaffold changing through the 3 dates to provide on-going bone adjustment.

TIME INTERVALS corresponding to the 6 periods in 24 hours in which energy need evolved from possible available ranges of spectral energy from radio to gamma rays:	1 Breath thru nasolacrimal duct into inferior lacrimal canaliculus to activate cavernous sinus 2 & Eye Apparatus:	2 Breath through Eustacean tube to activate mastoid cells and the	3 Breath through Eustacean tube to activate posterior semicircular duct ampulla and the	4 Breath through inferior nasal meatus & incisive canal to activate LLS 1+2:	5 Breath through middle nasal meatus & incisive canal to activate LLS 5:	6 Breath through superior nasal meatus & incisive canal to activate RLS 8:	EXIT ROUTES for unincor-porated wave lengths of spectral energy:
8:52am-11:16am >	Part 1 <lymph>	Thoracic Duct	Kidney	Part 1	Part 1	Part 1	urethra
11:16am-4:04pm >	Part 2 <blood>	Parathyroids	Gallbladder	Part 2	Part 2	Part 2	armpits
4:04pm-12:52am >	Part 3<hormone>	Thyroid Gland	Duodenum	Part 3	Part 3	Part 3	nipples
12:52am-7:16am >	Part 4 <DNA>	Cerebellum 2	Liver	Part 4	Part 4	Part 4	anus
7:16am-8:04am >	Part 5 <RNA>	Cerebrum 5	Lat.Vent., L.F.	Part 5	Part 5	Part 5	eye
8:04am-8:52am >	Part 6 <protein>	Cranial Nerve III	Nerve T1	Part 6	Part 6	Part 6	vagina

10/1/2014 DAY 1 BOB HOOK COMPLEX above is altered in connection with Bob Center, Upper Wisdom Tooth (by way of Sphenoid Sinus), through aegis of the Straight Gyrus.

Associated bones/muscles are (1) Parietal Bone - eye's dilator muscle
(2) Scapula - platysma

(3) S5
thyroepiglottic

(4) Mc MP5
deltoid, back part

(5) T3
rotatores brevis

(6) Mt MP5
inferior gemellus

10/2/2014 Day 2 Bob-A below is altered in connection with Bob-Center, Nasal Bone's overseen Series of Soft Tissue Structure (by way of Mastoid Cells) in conjunction with Cranial Nerve IX (Glossopharyngeal).

DAY 2 BOB-A > (1) PARIETAL BONE - eye's sphincter muscle
Associated bones/muscles are (2) Scapula - hair follicle muscles

(3) S5
inferior oblique of eye

(4) Mc MP5
deltoid, middle part

(5) T3
multifidi

(6) Mt MP5
obturator externus

10/3/2014 Day 3 Bob Hook Complex Aid (Bob-A) below is altered in connection with Bob Center, the Hyoid.

(1) Parietal Bone - eye's orbitalis muscle
(2) Scapula - temporoparietalis

(3) S5
aryepiglottic

(4) MC MP5 > DAY 3 BOB-A
deltoid, 2nd front part

(5) T3
rotatores longus

(6) Mt MP5
superior gemellus

PROCESS FOR ALTERING STRUCTURES
with the following occurances proposed as associated with progress toward optimal functioning

Read boxes from left to right	**Inhalation along given tracts "to" given structures,**	**Likely causes (1) eye tracts to receive spectral energy (with surrogate aid from 6 Exit correspondents*) & intake into**	**And (2) pressure (for alteration) on**	**Exhalation with no collapse of breath tract & structures,**	**Causes (1) pressure (for alteration) on**	**And (2)**	**And (3)**
Day 1 ^ = * see page bottom for each	Superior lacrimal canaliculi "to" Straight/ occipital sinuses**,**	Upper wisdom teeth ^	Straight gyri ^^**;**	Sup. lac. can. & Straight/ occipital sinuses & 6 Exit correspondents* & Upper wisdom teeth ^ & Straight gyri ^^**,**	Upper wisdom teeth ^ **And intake into** Straight gyri ^^	Breath "to" Straight/ occipital sinuses to disperse to receiving structures of the brain to serve during inhalation	Exhalation pressure brought to bear on 6 Exit correspondents* to precipitate that which*** will serve possible surrogate, specifically needed spectral energy roles during inhalation**;** unused "spectral energy" pressure of the breath cycle disperses to Exits**.
Day 2 ^ = * see below for each	Inferior lacrimal canaliculi "to" Cavernous sinuses 2**,** (+ CN IX - Glossopharyngeal)	As above but for Spleen, subclavian artery, pancreas + 3 others ^	As above but for the Parietal bone ^^**;**	Inf. lac. can. & Cavernous sinuses 2 & 6 Exit correspondents* & Spleen, etc. ^ & Parietal bone ^^**,**	Spleen, subclavian artery, pancreas, etc. ^ (+ CN IX) **& intake into** Parietal bone ^^	Breath "to" Cavernous sinuses 2 to disperse to receiving structures of the brain	As above
Day 3 ^ = * see below	Inferior nasal meatus & incisive canal "to" LLS 1+2**,**	As above but for Hyoid ^	As above but for Mc MP5s^^**;** Hyoid ^ & Mc MP5s ^^**,**	Inf. nas. m. & LLS 1+2 & 6 Exit correspondents* &	Hyoid ^ **And intake into** Mc MP5s ^^	Breath "to" LLS 1+2 to disperse to lung part destinations	As above

Note: Maintain alignment of L5**/**pisiform, McSs2**/**incus, McSs1**/**hyoid, MtSs1**/**patella.

~ = line continuance in this section **Direction** of **Stretch** for **Muscles** on **Front** of **Page**

platysma - down from mouth corner & chin over neck & clavicle spreading to front of shoulder & upper ribs
thyroepiglottic - back & up from inside front of thyroid cartilage to epiglottis joining upper part of aryepiglottic
deltoid, back part - downward from backmost part of spine of scapula to just above mid-lateral humerus
rotatores brevis - up from articular/transverse/mamillary vertebral processes to vertebral spine base above
inferior gemellus - out from upper, outer ischial tuberosity rim to greater trochanter's inner central surface

hair follicle muscles - short stretch in from skin as perhaps radiating in bands from armpits to side of head ~
inferior oblique of eye - from eyeball's lateral side coursing under eyeball to medial bottom wall of eye socket
deltoid, middle part - from just above mid-lateral humerus upward to scapula's medial spine/acromion
multifidi - from spinous processes all along the spine downward to lower more lateral vertebral processes
obturator externus - from back inner part of greater trochanter to inf. pubis/ischium rami's front upper rims

temporoparietalis - upward from above ear to skin along the side of head ~swinging around & down through body in 24 hours
aryepiglottic - upward from apex of arytenoid cartilage to along side of epiglottis
deltoid, 2nd front part - down from scapula's acromion (& lateral clavicle) to just above mid-lateral humerus
rotatores longus - upward from thoracic vertebral transverse processes to vertebral spine two above
superior gemellus - outward from ischial spine to greater trochanter's inner central surface

^ & ^^ **:** ^ is Part 2's "Inroad Channel" (= Center of Gravity) & ^^ is the "Resulting Structure" (= Day's "Bone")

***Exit correspondents associated with Day 1, Day 2 & Day 3 structures are shown below**							**** Exits**
8:52a - 11:16a **|** Eye part 1 **|**	Thoracic duct	Kidney	LLS 1+2,p.1	LLS 5, p.1	RLS 8, p.1	Urethra
11:16a - 4:04p **|** Eye part 2 **|**	Parathyroids	Gallbladder	part 2	part 2	part 2	Armpits
4:04p - 12:52a **|** Eye part 3 **|**	Thyroid gland	Duodenum	part 3	part 3	part 3	Nipples
12:52a - 7:16a **|** Eye part 4 **|**	Cerebellum 2	Liver	part 4	part 4	part 4	Anus
7:16a - 8:04a **|** Eye part 5 **|**	Cerebrum 5	Lat.Vent.,L.F.	part 5	part 5	part 5	Eye
8:04a - 8:52a **|** Eye part 6 **|**	Cranial nerve III	Nerve T1	part 6	part 6	part 6	Vagina

***** That which is formed is that which is needed to serve in altering organism structures to allow the organism to continually change to accord itself to its constantly altering universe.**

8:52 a.m. 7/2/1939 HUMAN as Bob or Pendulum from Crista Galli as Hook or Pivot for 10/4 - 10/6/2014

DAY 1 BOB HOOK COMPLEX is Ethmoid/SPHENOID BONE with breath through Nasolacrimal Duct (N.D.) & Superior Lacrimal Canaliculus to activate the Straight/Occipital Sinus thereby arranging the SUBCALLOSAL GYRUS to align POSTERIOR SEMICIRCULAR DUCT AMPULLA to form Lens, "muscles" are the upper, medial quadrant 3-member set (16-18) of 3 equatorial zonular fibers per set.

DAY 2 BOB-A is OCCIPITAL/Humerus BONE with 2nd component of breath through N.D. & Inferior Lacrimal Canaliculus to activate Cavernous Sinus 2 thereby arranging TROCHLEAR NERVE (C.N. IV) to continue proper gyrus function, muscles are the dilator, sphincter and orbitalis of the eye.

DAY 3 BOB HOOK COMPLEX AID (BOB-A) is S4/MC MP2 with 3rd component of breath through Inferior Nasal Meatus & Incisive Canal to activate LLS 1+2 thereby arranging SPINAL NERVE 6 (T2 Spinal Nerve) to continue proper gyrus function, muscles are as shown.

In order for the above described Bob Hook Complex to approach optimal function, there can be no mis-alignment of its associated bone, muscle and organ structures. In the lower set of boxed columns below, preceded in the upper set by the enabling breath tracts, and aligned to the 6 spectral energy time intervals in 24 hours at left, are the 6 spectral energy associated structures as correlated with each numbered bone further below in the dated boxes. The 3 dated boxes then show the associated bone scaffold for Mc MP2 with the muscles for each bone of the scaffold changing through the 3 dates to provide on-going bone adjustment.

TIME INTERVALS corresponding to the 6 periods in 24 hours in which energy need evolved from possible available ranges of spectral energy from radio to gamma rays:	1 Breath thru nasolacrimal duct into inferior lacrimal canaliculus to activate cavernous sinus 2 & Eye Apparatus:	2 Breath through Eustacean tube to activate mastoid cells and the	3 Breath through Eustacean tube to activate posterior semicircular duct ampulla and the	4 Breath through inferior nasal meatus & incisive canal to activate LLS 1+2:	5 Breath through middle nasal meatus & incisive canal to activate LLS 5:	6 Breath through superior nasal meatus & incisive canal to activate RLS 8:	EXIT ROUTES for unincor-porated wave lengths of spectral energy:
8:52am-11:16am >	Part 1 <lymph>	Thoracic Duct	Kidney	Part 1	Part 1	Part 1	urethra
11:16am-4:04pm >	Part 2 <blood>	Parathyroids	Gallbladder	Part 2	Part 2	Part 2	armpits
4:04pm-12:52am >	Part 3<hormone>	Thyroid Gland	Duodenum	Part 3	Part 3	Part 3	nipples
12:52am-7:16am >	Part 4 <DNA>	Cerebellum 2	Liver	Part 4	Part 4	Part 4	anus
7:16am-8:04am >	Part 5 <RNA>	Cerebrum 6	Lat.Vent., L.F.	Part 5	Part 5	Part 5	eye
8:04am-8:52am >	Part 6 <protein>	Cranial Nerve IV	Nerve T2	Part 6	Part 6	Part 6	vagina

10/4/2014 DAY 1 BOB HOOK COMPLEX above is altered in connection with Bob Center, Lower Wisdom Tooth (by way of Sphenoid Sinus), through aegis of the Subcallosal Gyrus.

Associated bones/muscles are (1) Occipital Bone - eye's dilator muscle

(2) Humerus - levator costae brevis

(3) S4
oblique arytenoid

(4) Mc MP2
flexor carpi radialis

(5) Rib 3
intertransversarii, cervical posterior & anterior

(6) Mt MP2
(ishio)coccygeus

10/5/2014 Day 2 Bob Hook Complex Aid (Bob-A) below is altered in connection with Bob-Center, L3 (by way of Mastoid Cells), in conjunction with Cranial Nerve X (Vagus).

DAY 2 BOB-A > (1) OCCIPITAL BONE - eye's sphincter muscle

Associated bones/muscles are (2) Humerus - circulatory system muscles

(3) S4
accessory muscle bundle

(4) Mc MP2
palmaris longus

(5) Rib 3
intertransversarii, thoracis & lumber medial

(6) Mt MP2
obturator internus

10/6/2014 Day 3 Bob Hook Complex Aid below is altered in connection with Bob Center, the Stapes.

(1) Occipital Bone - eye's orbitalis muscle

(2) Humerus - levator costae longus

(3) S4
transverse arytenoid

(4) MC MP2 > DAY 3 BOB-A
flexor carpi ulnaris

(5) Rib 3
intertransversarii, lumbar lateral

(6) Mt MP2
piriformis

PROCESS FOR ALTERING STRUCTURES
with the following occurances proposed as associated with progress toward optimal functioning

Read boxes from left to right	**Inhalation along given tracts "to" given structures,**	**Likely causes (1) eye tracts to receive spectral energy (with surrogate aid from 6 Exit correspondents*) & intake into**	**And (2) pressure (for alteration) on**	**Exhalation with no collapse of breath tract & structures,**	**Causes (1) pressure (for alteration) on**	**And (2)**	**And (3)**
Day 1 ^ = * see page bottom for each	Superior lacrimal canaliculi "to" Straight/ occipital sinuses,	Lower wisdom teeth ^	Sub-callosal gyri ^^;	Sup. lac. can. & Straight/ occipital sinuses & 6 Exit correspondents* & Lower wisdom teeth ^ & Subcallosal gyri ^^,	Lower wisdom teeth ^ **And intake into** Subcallosal gyri ^^	Breath "to" Straight/ occipital sinuses to disperse to receiving structures of the brain to serve during inhalation	Exhalation pressure brought to bear on 6 Exit correspondents* to precipitate that which*** will serve possible surrogate, specifically needed spectral energy roles during inhalation; unused "spectral energy" pressure of the breath cycle disperses to Exits**.
Day 2 ^ = * see below for each	Inferior lacrimal canaliculi "to" Cavernous sinuses 2,	As above but for L3 ^ (+ CN X, i.e. Cranial nerve X, Vagus)	As above but for the Occipital bone ^^;	Inf. lac. can. & Cavernous sinuses 2 & 6 Exit correspondents* & L3 ^ (+ CN X) & Occipital bone ^^,	L3 ^ (+ CN X) **And intake into** Occipital bone ^^	Breath "to" Cavernous sinuses 2 to disperse to receiving structures of the brain	As above
Day 3 ^ = * see below	Inferior nasal meatus & incisive canal "to" LLS 1+2,	As above but for Stapes ^	As above but for Mc MP2s^^;	Inf. nas. m. & LLS 1+2 & 6 Exit correspondents* & Stapes ^ & Mc MP2s ^^,	Stapes ^ **And intake into** Mc MP2s ^^	Breath "to" LLS 1+2 to disperse to lung part destinations	As above

Note: Maintain alignment of L5**/**pisiform, McSs2**/**incus, McSs1**/**hyoid, MtSs1**/**patella.

Direction of **Stretch** for **Muscles** on **Front** of **Page**

levator costae brevis - up from rib below (closer-in position than longus) to next higher transverse process
oblique arytenoid - up from base of arytenoid cartilage to apex of opposite arytenoid cartilage
flexor carpi radialis - down from humerus's medial epicondyle to anterior Mc 2 base
intertransversarii, cervical post. & ant. - from post./ ant. cervical transverse process tubercles to ones above
(ishio)coccygeus - up from ischial spine & sacrospinous ligament to border of lower sacrum & coccyx

circulatory system muscles - sense of circular band stretch in blood vessels in 24-hour progress down body
accessory muscle bundle - from temporal bone by occipital juncture down/in to outer pharyngobasilar fascia
palmaris longus - from area over anterior bases of Mc 3 & Mc 4 to humerus's medial epicondyle
intertransversarii, thoracis & lumbar medial - from accessory process above to mamillary process below
obturator internus - from greater trochanter's top edge to out from posterior bone around obturator foramen

levator costae longus - up from rib below (farther-out position than brevis) to 2nd higher transverse process
transverse arytenoid - from arytenoid cartilage straight across to opposite cartilage
flexor carpi ulnaris - down from humerus's medial epicondyle & ulna to ant. Mc 5 base, hamate & pisiform
intertransversarii, lumbar lateral - upward from lumbar transverse process to one above
piriformis - from anterior sacrum and sacrotuberous ligament to fossa surface & top of greater trochanter

^ & ^^ **:** ^ is Part 2's "Inroad Channel" (= Center of Gravity) & ^^ is the "Resulting Structure" (= Day's "Bone")

***Exit correspondents associated with Day 1, Day 2 & Day 3 structures are shown below**						**** Exits**
8:52a - 11:16a **|** Eye part 1 **|**	Thoracic duct	Kidney	LLS 1+2,p.1	LLS 5, p.1	RLS 8, p.1	Urethra
11:16a - 4:04p **|** Eye part 2 **|**	Parathyroids	Gallbladder	part 2	part 2	part 2	Armpits
4:04p - 12:52a **|** Eye part 3 **|**	Thyroid gland	Duodenum	part 3	part 3	part 3	Nipples
12:52a - 7:16a **|** Eye part 4 **|**	Cerebellum 2	Liver	part 4	part 4	part 4	Anus
7:16a - 8:04a **|** Eye part 5 **|**	Cerebrum 6	Lat.Vent.,L.F.	part 5	part 5	part 5	Eye
8:04a - 8:52a **|** Eye part 6 **|**	Cranial nerve IV	Nerve T2	part 6	part 6	part 6	Vagina

***** That which is formed is that which is needed to serve in altering organism structures to allow the organism to continually change to accord itself to its constantly altering universe.**

8:52 a.m. 7/2/1939 HUMAN as Bob or Pendulum from Crista Galli as Hook or Pivot for 10/7-10/9/2014

DAY 1 BOB HOOK COMPLEX is ETHMOID/Sphenoid BONE with breath through Nasolacrimal Duct (N.D.) & Superior Lacrimal Canaliculus to activate the Straight/Occipital Sinus thereby arranging the CINGULATE GYRUS to align LATERAL SEMICIRCULAR DUCT AMPULLA to form Lens, "muscles" are the superior-most 3-member set (19-21) of 3 equatorial zonular fibers per set.

DAY 2 BOB-A is PARIETAL/Radius BONE with 2nd component of breath through N.D. & Inferior Lacrimal Canaliculus to activate Cavernous Sinus 2 thereby arranging OCULOMOTOR NERVE (C.N. III) to continue proper gyrus function, muscles are the dilator, sphincter and orbitalis of the eye.

DAY 3 BOB HOOK COMPLEX AID (BOB-A) is S3/MC DP5 with 3rd component of breath through Inferior Nasal Meatus & Incisive Canal to activate LLS 1+2 thereby arranging SPINAL NERVE 7 (T3 Spinal Nerve) to continue proper gyrus function, muscles are as shown.

In order for the above described Bob Hook Complex to approach optimal function, there can be no mis-alignment of its associated bone, muscle and organ structures. In the lower set of boxed columns below, preceded in the upper set by the enabling breath tracts, and aligned to the 6 spectral energy time intervals in 24 hours at left, are the 6 spectral energy associated structures as correlated with each numbered bone further below in the dated boxes. The 3 dated boxes then show the associated bone scaffold for Mc DP5 with the muscles for each bone of the scaffold changing through the 3 dates to provide on-going bone adjustment.

TIME INTERVALS corresponding to the 6 periods in 24 hours in which energy need evolved from possible available ranges of spectral energy from radio to gamma rays:	1 Breath thru nasolacrimal duct into inferior lacrimal canaliculus to activate cavernous sinus 2 & Eye Apparatus:	2 Breath through Eustacean tube to activate mastoid cells and the	3 Breath through Eustacean tube to activate posterior semicircular duct ampulla and the	4 Breath through inferior nasal meatus & incisive canal to activate LLS 1+2:	5 Breath through middle nasal meatus & incisive canal to activate LLS 5:	6 Breath through superior nasal meatus & incisive canal to activate RLS 8:	EXIT ROUTES for unincor-porated wave lengths of spectral energy:
8:52am-11:16am >	Part 1 <lymph>	Thoracic Duct	Kidney	Part 1	Part 1	Part 1	urethra
11:16am-4:04pm >	Part 2 <blood>	Parathyroids	Gallbladder	Part 2	Part 2	Part 2	armpits
4:04pm-12:52am >	Part 3<hormone>	Thyroid Gland	Duodenum	Part 3	Part 3	Part 3	nipples
12:52am-7:16am >	Part 4 <DNA>	Cerebellum 2	Liver	Part 4	Part 4	Part 4	anus
7:16am-8:04am >	Part 5 <RNA>	Cerebrum 7	Lat.Vent., L.F.	Part 5	Part 5	Part 5	eye
8:04am-8:52am >	Part 6 <protein>	Cranial Nerve III	Nerve T3	Part 6	Part 6	Part 6	vagina

10/7/2014 DAY 1 BOB HOOK COMPLEX above is altered in connection with Bob Center, Upper 2nd Molar (by way of Tympanic Cells), through aegis of the Cingulate Gyrus.

Associated bones/muscles are (1) Parietal Bone - eye's dilator muscle
(2) Radius - heart, anterior papillary

(3) S3
lateral cricoarytenoid

(4) Mc DP5
extensor carpi radialis brevis

(5) T4
levator veli palatini

(6) Mt DP5
adductor minimus

10/8/2014 Day 2 Bob-A below is altered in connection with Bob-Center, Nasal Bone's overseen Series of Soft Tissue Structure (by way of Mastoid Cells) in conjunction with Cranial Nerve IX (Glossopharyngeal).

DAY 2 BOB-A > (1) PARIETAL BONE - eye's sphincter muscle
Associated bones/muscles are (2) Radius - heart, septal papillary

(3) S3
superior oblique of eye

(4) Mc DP5
brachioradialis

(5) T4
salpingopharyngeus

(6) Mt DP5
gracilis

10/9/2014 Day 3 Bob Hook Complex Aid (Bob-A) below is altered in connection with Bob Center, RLS 10".

(1) Parietal Bone - eye's orbitalis muscle
(2) Radius - heart, posterior papillary

(3) S3
posterior cricoarytenoid

(4) MC DP5 > DAY 3 BOB-A
extensor carpi radialis longus

(5) T4
tensor veli palatini

(6) Mt DP5
adductor magnus

PROCESS FOR ALTERING STRUCTURES
with the following occurances proposed as associated with progress toward optimal functioning

Read boxes from left to right	**Inhalation along given tracts "to" given structures,**	**Likely causes (1) eye tracts to receive spectral energy (with surrogate aid from 6 Exit correspondents*) & intake into**	**And (2) pressure (for alteration) on**	**Exhalation with no collapse of breath tract & structures,**	**Causes (1) pressure (for alteration) on**	**And (2)**	**And (3)**
Day 1 ^ = * see page bottom for each	Superior lacrimal canaliculi "to" Straight/ occipital sinuses**,**	Upper 2nd molars ^	Cingulate gyri ^^**;**	Sup.lac.can. & Straight/occipital sinuses & 6 Exit correspondents* & Upper 2nd molars ^ & Cingulate gyri ^^**,**	Upper 2nd molars ^ **And intake into** Cingulate gyri ^^	Breath "to" Straight/ occipital sinuses to disperse to receiving structures of the brain to serve during inhalation	Exhalation pressure brought to bear on 6 Exit correspondents* to precipitate that which*** will serve possible surrogate, specifically needed spectral energy roles during inhalation**;** unused "spectral energy" pressure of the breath cycle disperses to Exits**.
Day 2 ^ = * see below for each	Inferior lacrimal canaliculi "to" Cavernous sinuses 2**,** (+ CN IX - Glossopharyngeal)	As above but for Spleen, subclavian artery, pancreas + 3 others ^	As above but for the Parietal bone ^^**;**	Inf. lac. can. & Cavernous sinuses 2 & 6 Exit correspondents* & Spleen, etc. ^ & Parietal bone ^^**,**	Spleen, subclavian artery, pancreas, etc. ^ (+ CN IX) **& intake into** Parietal bone ^^	Breath "to" Cavernous sinuses 2 to disperse to receiving structures of the brain	As above
Day 3 ^ = * see below	Inferior nasal meatus & incisive canal "to" LLS 1+2**,**	As above but for RLS 10" ^	As above but for Mc DP5s^^**;** RLS 10" ^ & Mc DP5s ^^**,**	Inf. nas. m. & LLS 1+2 & 6 Exit correspondents* &	RLS 10" ^ **And intake into** Mc DP5s ^^	Breath "to" LLS 1+2 to disperse to lung part destinations	As above

Note: Maintain alignment of L5**/**pisiform, McSs2**/**incus, McSs1**/**hyoid, MtSs1**/**patella.

v / **^** = down / up arrows **Direction** of **Stretch** for **Muscles** on **Front** of **Page**

heart, anterior papillary - from anterior mitral or tricuspid valves' cusps toward anterior pectinate muscle
lateral cricoarytenoid - backward from along top of cricoid cartilage to outer base of arytenoid cartilage
extensor carpi radialis brevis - from outer bottom of humerus's lateral epicondyle to posterior base of Mc 3
levator veli palatini - down from temporal bone & auditory tube to meet same to form rearward soft palate
adductor minimus - upper part of adductor magnus described below

heart, septal papillary - from central/upper posterior wall of heart toward septal pectinate muscle
superior oblique of eye - from upper lateral eyeball to inside wall's trochlea on to common tendinous ring **v**
brachioradialis - from lowest outside of radius to lower midsection of lateral humerus around optic nerve
salpingopharyngeus - from lateral wall of pharynx at teeth level up to end of auditory tube cartilage
gracilis - from anterior medial tibia for brief length below medial condyle up to body & inferior ramus of pubis

heart, posterior papillary - from posterior mitral or tricuspid valves' cusps toward posterior pectinate muscle
posterior cricoarytenoid- up from along back midline of cricoid cartilage to outer base of arytenoid cartilage
extensor carpi radialis longus - downward from lower lateral humerus to posterior base of Mc 2 palate
tensor veli palatini - down from sphenoid bone & auditory tube & around hamulus to form forward part soft **^**
adductor magnus - from lower ishium/pubis to along middle posterior femur & medial epicondyle

^ & ^^ **:** ^ is Part 2's "Inroad Channel" (= Center of Gravity) & ^^ is the "Resulting Structure" (= Day's "Bone")

***Exit correspondents associated with Day 1, Day 2 & Day 3 structures are shown below**						**** Exits**
8:52a - 11:16a **|** Eye part 1 **|**	Thoracic duct	Kidney	LLS 1+2,p.1	LLS 5, p.1	RLS 8, p.1	Urethra
11:16a - 4:04p **|** Eye part 2 **|**	Parathyroids	Gallbladder	part 2	part 2	part 2	Armpits
4:04p - 12:52a **|** Eye part 3 **|**	Thyroid gland	Duodenum	part 3	part 3	part 3	Nipples
12:52a - 7:16a **|** Eye part 4 **|**	Cerebellum 2	Liver	part 4	part 4	part 4	Anus
7:16a - 8:04a **|** Eye part 5 **|**	Cerebrum 7	Lat.Vent.,L.F.	part 5	part 5	part 5	Eye
8:04a - 8:52a **|** Eye part 6 **|**	Cranial nerve III	Nerve T3	part 6	part 6	part 6	Vagina

***** That which is formed is that which is needed to serve in altering organism structures to allow the organism to continually change to accord itself to its constantly altering universe.**

8:52 a.m. 7/2/1939 HUMAN as Bob or Pendulum from Crista Galli as Hook or Pivot for 10/10-10/12/2014

DAY 1 BOB HOOK COMPLEX is Ethmoid/SPHENOID BONE with breath through Nasolacrimal Duct (N.D.) & Superior Lacrimal Canaliculus to activate the Straight/Occipital Sinus thereby arranging the LINGUAL GYRUS to align LATERAL SEMICIRCULAR DUCT AMPULLA to form Lens,
"muscles" are the upper, lateral quadrant 3-member set (22-24) of 3 equatorial zonular fibers per set.

DAY 2 BOB-A is OCCIPITAL/Ulna BONE with 2nd component of breath through N.D. & Inferior Lacrimal Canaliculus to activate Cavernous Sinus 2 thereby arranging TROCHLEAR NERVE (C.N. IV) to continue proper gyrus function, muscles are the dilator, sphincter and orbitalis of the eye.

DAY 3 BOB HOOK COMPLEX AID (BOB-A) is C5/MC DP2 with 3rd component of breath through Inferior Nasal Meatus & Incisive Canal to activate LLS 1+2 thereby arranging SPINAL NERVE 8 (T4 Spinal Nerve) to continue proper gyrus function, muscles are as shown.

In order for the above described Bob Hook Complex to approach optimal function, there can be no mis-alignment of its associated bone, muscle and organ structures. In the lower set of boxed columns below, preceded in the upper set by the enabling breath tracts, and aligned to the 6 spectral energy time intervals in 24 hours at left, are the 6 spectral energy associated structures as correlated with each numbered bone further below in the dated boxes. The 3 dated boxes then show the associated bone scaffold for Mc DP2 with the muscles for each bone of the scaffold changing through the 3 dates to provide on-going bone adjustment.

TIME INTERVALS corresponding to the 6 periods in 24 hours in which energy need evolved from possible available ranges of spectral energy from radio to gamma rays:	**1** Breath thru nasolacrimal duct into inferior lacrimal canaliculus to activate cavernous sinus 2 & Eye Apparatus:	**2** Breath through Eustacean tube to activate mastoid cells and the	**3** Breath through Eustacean tube to activate posterior semicircular duct ampulla and the	**4** Breath through inferior nasal meatus & incisive canal to activate LLS 1+2:	**5** Breath through middle nasal meatus & incisive canal to activate LLS 5:	**6** Breath through superior nasal meatus & incisive canal to activate RLS 8:	**EXIT ROUTES** for unincor-porated wave lengths of spectral energy:
8:52am-11:16am >	Part 1 <lymph>	Thoracic Duct	Kidney	Part 1	Part 1	Part 1	urethra
11:16am-4:04pm >	Part 2 <blood>	Parathyroids	Gallbladder	Part 2	Part 2	Part 2	armpits
4:04pm-12:52am >	Part 3<hormone>	Thyroid Gland	Duodenum	Part 3	Part 3	Part 3	nipples
12:52am-7:16am >	Part 4 <DNA>	Cerebellum 2	Liver	Part 4	Part 4	Part 4	anus
7:16am-8:04am >	Part 5 <RNA>	Cerebrum 8	Lat.Vent., L.F.	Part 5	Part 5	Part 5	eye
8:04am-8:52am >	Part 6 <protein>	Cranial Nerve IV	Nerve T4	Part 6	Part 6	Part 6	vagina

10/10/2014 DAY 1 BOB HOOK COMPLEX above is altered in connection with Bob Center, Lower 2nd Molar (by way of Tympanic Cells), through aegis of the Lingual Gyrus.

Associated bones/muscles are (1) Occipital Bone - eye's dilator muscle
(2) Ulna - heart, anterior pectinate

(3) C5
vocalis

(4) Mc DP2
extensor pollicis brevis

(5) Rib 4
tensor tympani

(6) Mt DP2
soleus, inner part

10/11/2014 Day 2 Bob Hook Complex Aid (Bob-A) below is altered in connection with Bob-Center, L3 (by way of Mastoid Cells), in conjunction with Cranial Nerve X (Vagus).

DAY 2 BOB-A > (1) OCCIPITAL BONE - eye's sphincter muscle
Associated bones/muscles are (2) Ulna - heart, septal pectinate

(3) C5
oblique thyroarytenoid

(4) Mc DP2
extensor indicis

(5) Rib 4
uvula

(6) Mt DP2
popliteus

10/12/2014 Day 3 Bob Hook Complex Aid (Bob-A) below is altered in connection with Bob Center, LLS 10".

(1) Occipital Bone - eye's orbitalis muscle
(2) Ulna - heart, posterior pectinate

(3) C5
thyroarytenoid

(4) MC DP2 > DAY 3 BOB-A
extensor pollicis longus

(5) Rib 4
stapedius

(6) Mt DP2
soleus, outer part

PROCESS FOR ALTERING STRUCTURES
with the following occurances proposed as associated with progress toward optimal functioning

Read boxes from left to right	**Inhalation along given tracts "to" given structures,**	**Likely causes (1) eye tracts to receive spectral energy (with surrogate aid from 6 Exit correspondents*) & intake into**	**And (2) pressure (for alteration) on**	**Exhalation with no collapse of breath tract & structures,**	**Causes (1) pressure (for alteration) on**	**And (2)**	**And (3)**
Day 1 ^ = * see page bottom for each	Superior lacrimal canaliculi "to" Straight/ occipital sinuses**,**	Lower 2nd molars ^	Lingual gyri ^^**;**	Sup.lac.can. & Straight/occipital sinuses & 6 Exit correspondents* & Lower 2nd molars ^ & Lingual gyri ^^**,**	Lower 2nd molars ^ **And intake into** Lingual gyri ^^	Breath "to" Straight/ occipital sinuses to disperse to receiving structures of the brain to serve during inhalation	Exhalation pressure brought to bear on 6 Exit correspondents* to precipitate that which*** will serve possible surrogate, specifically needed spectral energy roles during inhalation**;** unused "spectral energy" pressure of the breath cycle disperses to Exits**.
Day 2 ^ = * see below for each	Inferior lacrimal canaliculi "to" Cavernous sinuses 2**,**	As above but for L3 ^ (+ CN X, i.e. Cranial nerve X, Vagus)	As above but for the Occipital bone ^^**;**	Inf. lac. can. & Cavernous sinuses 2 & 6 Exit correspondents* & L3 ^ (+ CN X) & Occipital bone ^^**,**	L3 ^ (+ CN X) **And intake into** Occipital bone ^^	Breath "to" Cavernous sinuses 2 to disperse to receiving structures of the brain	As above
Day 3 ^ = * see below	Inferior nasal meatus & incisive canal "to" LLS 1+2**,**	As above but for LLS 10" ^	As above but for Mc DP2s^^**;** LLS 10" ^ & Mc DP2s ^^**,**	Inf. nas. m. & LLS 1+2 & 6 Exit correspondents* &	LLS 10" ^ **And intake into** Mc DP2s ^^	Breath "to" LLS 1+2 to disperse to lung part destinations	As above

Note: Maintain alignment of L5**/**pisiform, McSs2**/**incus, McSs1**/**hyoid, MtSs1**/**patella.

^ = up arrow **Direction** of **Stretch** for **Muscles** on **Front** of **Page**

heart, anterior pectinate - from anterior papillary muscle to anterior medial wall of heart
vocalis - from front medial inner wall of thyroid cartilage toward vocal process of arytenoid cartilage
extensor pollicis brevis - from lower posterior interosseous membrane & radius to posterior base of Mc PP1
tensor tympani - from above & parallel to Eustacean tube into tendon dropping to manubrium of malleus
soleus, inner - from near posterior lateral tibia top as oblique line down across tibia into Achilles tendon

heart, septal pectinate - from septal papillary muscle to septal mitral or tricuspid valves' cusps | muscle
oblique thyroarytenoid - from arytenoid cartilage outer base curving forward up across outer thyroarytenoid **^**
extensor indicis -from posterior bases of Mc DP2 & MP2 to lower posterior interosseous membrane and ulna
uvula - from the palatine uvula mass of tissue toward the posterior palatine bone | lateral epicondyle
popliteus - from posterior medial upper tibia's down-pointing wedge above the soleal line to femur's **^**

heart, posterior pectinate - from posterior papillary muscle to lower posterior wall of heart
thyroarytenoid - lateral to the vocalis muscle (see above) toward muscular process of the arytenoid cartilage
extensor pollicis longus - from middle posterior ulna & interosseous membrane to posterior base of Mc DP1
stapedius - from pyramidal eminence medial to mastoid process to head of stapes/incus long arm juncture
soleus, outer - from top 1/3 of posterior fibula into calcaneal (Achilles) tendon to top of calcaneal tuberosity

^ & ^^ **:** ^ is Part 2's "Inroad Channel" (= Center of Gravity) & ^^ is the "Resulting Structure" (= Day's "Bone")

***Exit correspondents associated with Day 1, Day 2 & Day 3 structures are shown below**						**** Exits**
8:52a - 11:16a **|** Eye part 1 **|**	Thoracic duct	Kidney	LLS 1+2,p.1	LLS 5, p.1	RLS 8, p.1	Urethra
11:16a - 4:04p **|** Eye part 2 **|**	Parathyroids	Gallbladder	part 2	part 2	part 2	Armpits
4:04p - 12:52a **|** Eye part 3 **|**	Thyroid gland	Duodenum	part 3	part 3	part 3	Nipples
12:52a - 7:16a **|** Eye part 4 **|**	Cerebellum 2	Liver	part 4	part 4	part 4	Anus
7:16a - 8:04a **|** Eye part 5 **|**	Cerebrum 8	Lat.Vent.,L.F.	part 5	part 5	part 5	Eye
8:04a - 8:52a **|** Eye part 6 **|**	Cranial nerve IV	Nerve T4	part 6	part 6	part 6	Vagina

***** That which is formed is that which is needed to serve in altering organism structures to allow the organism to continually change to accord itself to its constantly altering universe.**

8:52 a.m. 7/2/1939 HUMAN as Bob or Pendulum from Crista Galli as Hook or Pivot for 10/13-10/15/2014

DAY 1 BOB HOOK COMPLEX is ETHMOID/Sphenoid BONE with breath through Nasolacrimal Duct (N.D.) & Superior Lacrimal Canaliculus to activate the Superior Petrosal Sinus thereby arranging the INFERIOR FRONTAL GYRUS to align UTRICLE OF THE EAR to form Lens,
"muscles" are the upper, lateral quadrant 3-member set (25-27) of 3 equatorial zonular fibers per set.

DAY 2 BOB-A is PARIETAL/Triquetrum BONE with 2nd component of breath through N.D. & Inferior Lacrimal Canaliculus to activate Cavernous Sinus 3 thereby arranging TRIGEMINAL NERVE (C.N. V) to continue proper gyrus function, muscles are the dilator, sphincter and orbitalis of the eye.

DAY 3 BOB HOOK COMPLEX AID (BOB-A) is S2/MC 4 with 3rd component of breath through Inferior Nasal Meatus & Incisive Canal to activate RLS 2 thereby arranging SPINAL NERVE 9 (T5 Spinal Nerve) to continue proper gyrus function, muscles are as shown.

In order for the above described Bob Hook Complex to approach optimal function, there can be no mis-alignment of its associated bone, muscle and organ structures. In the lower set of boxed columns below, preceded in the upper set by the enabling breath tracts, and aligned to the 6 spectral energy time intervals in 24 hours at left, are the 6 spectral energy associated structures as correlated with each numbered bone further below in the dated boxes. The 3 dated boxes then show the associated bone scaffold for Mc 4 with the muscles for each bone of the scaffold changing through the 3 dates to provide on-going bone adjustment.

TIME INTERVALS corresponding to the 6 periods in 24 hours in which energy need evolved from possible available ranges of spectral energy from radio to gamma rays:	1 Breath thru nasolacrimal duct into inferior lacrimal canaliculus to activate cavernous sinus 3 & Eye Apparatus:	2 Breath through middle nasal meatus to activate maxillary sinus and the	3 Breath through Eustacean tube to activate lateral semicircular duct ampulla and the	4 Breath through inferior nasal meatus & incisive canal to activate RLS 2:	5 Breath through middle nasal meatus & incisive canal to activate RLS 5:	6 Breath through superior nasal meatus & incisive canal to activate LLS 9:	EXIT ROUTES for unincor-porated wave lengths of spectral energy:
8:52am-11:16am >	Part 1 <lymph>	Peyer's Patches	Kidney	Part 1	Part 1	Part 1	urethra
11:16am-4:04pm >	Part 2 <blood>	Aorta	Gallbladder	Part 2	Part 2	Part 2	armpits
4:04pm-12:52am >	Part 3<hormone>	Pyloric Gland	Duodenum	Part 3	Part 3	Part 3	nipples
12:52am-7:16am >	Part 4 <DNA>	Cerebellum 3	Liver	Part 4	Part 4	Part 4	anus
7:16am-8:04am >	Part 5 <RNA>	Cerebrum 9	Lat.Vent., R.B.	Part 5	Part 5	Part 5	eye
8:04am-8:52am >	Part 6 <protein>	Cranial Nerve V	Nerve T5	Part 6	Part 6	Part 6	vagina

10/13/2014 DAY 1 BOB HOOK COMPLEX above is altered in connection with Bob Center, Upper 1st Molar (by way of Maxillary Sinus), through aegis of the Inferior Frontal Gyrus.

Associated bones/muscles are (1) Parietal Bone - eye's dilator muscle
(2) Triquetrum - esophagus, longitudinal fibers

(3) S2
nasalis, alar part

(4) Mc 4
trapezius, frontmost part

(5) T5
longissimus capitis

(6) Mt 4
adductor hallucis, oblique head

10/14/2014 Day 2 Bob-A below is altered in connection with Bob-Center, Nasal Bone's overseen Series of Soft Tissue Structure (by way of Mastoid Cells) in conjunction with Cranial Nerve IX (Glossopharyngeal).

DAY 2 BOB-A > (1) PARIETAL BONE - eye's sphincter muscle
Associated bones/muscles are (2) Triquetrum - esophagus, circular fibers

(3) S2
inferior rectus of eye

(4) Mc 4
pectoralis, abdominal part

(5) T5
spinalis capitis & cervicis

(6) Mt 4
abductor hallucis

10/15/2014 Day 3 Bob Hook Complex Aid (Bob-A) below is altered in connection with Bob Center, (1) Parietal Bone - eye's orbitalis muscle **RLS 9".**
(2) Triquetrum - esophagus, muscularis mucosa

(3) S2
nasalis, transverse part

(4) MC 4 > DAY 3 BOB-A
deltoid, frontmost part

(5) T5
iliocostalis thoracis & cervicis

(6) Mt 4
adductor hallucis, transverse head

PROCESS FOR ALTERING STRUCTURES
with the following occurances proposed as associated with progress toward optimal functioning

Read boxes from left to right	**Inhalation along given tracts "to" given structures,**	**Likely causes (1) eye tracts to receive spectral energy (with surrogate aid from 6 Exit correspondents*) & intake into**	**And (2) pressure (for alteration) on**	**Exhalation with no collapse of breath tract & structures,**	**Causes (1) pressure (for alteration) on**	**And (2)**	**And (3)**
Day 1 ^ = * see page bottom for each	Superior lacrimal canaliculi "to" Superior petrosal sinuses**,**	Upper 1st molars ^	Inferior frontal gyri ^^**;**	Sup.lac.can. & Sup. petrosal sinuses & 6 Exit correspondents* & Upper 1st molars ^ & Inferior frontal gyri ^^**,**	Upper 1st molars ^ **And intake into** Inferior frontal gyri ^^	Breath "to" Superior petrosal sinuses to disperse to receiving structures of the brain to serve during inhalation	Exhalation pressure brought to bear on 6 Exit correspondents* to precipitate that which*** will serve possible surrogate, specifically needed spectral energy roles during inhalation**;** unused "spectral energy" pressure of the breath cycle disperses to Exits**.
Day 2 ^ = * see below for each	Inferior lacrimal canaliculi "to" Cavernous sinuses 3**,**	As above but for Spleen, subclavian artery, pancreas + 3 others ^	As above but for the Parietal bone ^^**;**	Inf. lac. can. & Cavernous sinuses 3 & 6 Exit correspondents* & Spleen, etc. ^ & Parietal bone ^^**,**	Spleen, subclavian artery, pancreas, etc. ^ (+ CN IX) **& intake into** Parietal bone ^^	Breath "to" Cavernous sinuses 3 to disperse to receiving structures of the brain	As above
	(+ CN IX - Glossopharyngeal)						
Day 3 ^ = * see below	Inferior nasal meatus & incisive canal "to" RLS 2**,**	As above but for RLS 9" ^	As above but for Mc 4s ^^**;**	Inf. nas. m. & RLS 2 & 6 Exit correspondents* & RLS 9" ^ & Mc 4s ^^**,**	RLS 9" ^ **And intake into** Mc 4s ^^	Breath "to" RLS 2 to disperse to lung part destinations	As above

v = down arrow **Direction of Stretch for Muscles on Front of Page**

esophagus, longitudinal fibers - 1st fiber from anterior beginning to anterior end, then parallel rows around **v**
nasalis, alar part - from maxilla in area of lateral incisor tooth to posterior wing of nostril's cartilage | in 24 hours
trapezius, frontmost part - from medial occipital's superior nuchal line to upper border of lateral clavicle
longissimus capitis - from T5-T1 transverse & C7-C4 articular processes to mastoid process
adductor hallucis, oblique head - from Mt 4/3/2 bases & fibularis longus tendon to lateral MtSs1/Mt PP1 base

esophagus, circular fibers - from posterior end to make around-circling bands along to posterior beginning
inferior rectus of eye - from inferior surface of eyeball to common tendinous ring around optic nerve
pectoralis, abdominal part - from anterior lateral upper humerus to rib 6-7 coastal cartilage area
spinalis capitis & cervicis - from occipital bone & C2-C4 spinous processes down to those of C4-C7 & T1-T2
abductor hallucis - from medial plantar base of Mt PP1 to area of medial side of heel

esophagus, innermost fibers - from area of end of last circular fiber with bunched origin of oblique fibers progressing medially to esophagus anterior beginning, 1st fibers curving laterally away, with next fiber arcs straightening toward a final fiber back to anterior end of esophagus to area of 1st longitudinal fiber end
nasalis, transverse part - from maxilla bone at side of nostril slanting up to bridge of nose
deltoid, frontmost part - from lower border of lateral clavicle to just above mid-lateral humerus
iliocostalis thoracis & cervicis - from ribs 12-3 angles out &up to ribs 6-1 angles & C7-4 transverse processes
adductor hallucis, transverse head - from ligaments of Mt PP5/4/3 bases to lateral MtSs1/MtPP1 base

^ & ^^ **:** ^ is Part 2's "Inroad Channel" (= Center of Gravity) & ^^ is the "Resulting Structure" (= Day's "Bone")

***Exit correspondents associated with Day 1, Day 2 & Day 3 structures are shown below**						** Exits
8:52a - 11:16a **|** Eye part 1 **|**	Peyer's patches	Kidney	RLS 2, p.1	RLS 5, p.1	LLS 9, p.1	Urethra
11:16a - 4:04p **|** Eye part 2 **|**	Aorta	Gallbladder	part 2	part 2	part 2	Armpits
4:04p - 12:52a **|** Eye part 3 **|**	Pyloric gland	Duodenum	part 3	part 3	part 3	Nipples
12:52a - 7:16a **|** Eye part 4 **|**	Cerebellum 3	Liver	part 4	part 4	part 4	Anus
7:16a - 8:04a **|** Eye part 5 **|**	Cerebrum 9	Lat.Vent.,R.B.	part 5	part 5	part 5	Eye
8:04a - 8:52a **|** Eye part 6 **|**	Cranial nerve V	Nerve T5	part 6	part 6	part 6	Vagina

*** **Being that which is needed to allow constant organism alteration for constant universe change.**

8:52 a.m. 7/2/1939 HUMAN as Bob or Pendulum from Crista Galli as Hook or Pivot for 10/16-10/18/2014

DAY 1 BOB HOOK COMPLEX is Ethmoid/SPHENOID BONE with breath through Nasolacrimal Duct (N.D.) & Superior Lacrimal Canaliculus to activate the Superior Petrosal Sinus thereby arranging the INFERIOR FRONTAL GYRUS, OPERCULAR PART to align UTRICLE OF THE EAR to form Lens, "muscles" are the upper, lateral quadrant 3-member set (28-30) of 3 equatorial zonular fibers per set.

DAY 2 BOB-A is OCCIPITAL/Pisiform BONE with 2nd component of breath through N.D. & Inferior Lacrimal Canaliculus to activate Cavernous Sinus 3 thereby arranging ABDUCENT NERVE (C.N. VI) to continue proper gyrus function, muscles are the dilator, sphincter and orbitalis of the eye.

DAY 3 BOB HOOK COMPLEX AID (BOB-A) is C6/SCAPHOID Bone with 3rd component of breath through Inferior Nasal Meatus & Incisive Canal to activate RLS 2 thereby arranging SPINAL NERVE 10 (T6 Spinal Nerve) to continue proper gyrus function, muscles are as shown.

In order for the above described Bob Hook Complex to approach optimal function, there can be no misalignment of its associated bone, muscle and organ structures. In the lower set of boxed columns below, preceded in the upper set by the enabling breath tracts, and aligned to the 6 spectral energy time intervals in 24 hours at left, are the 6 spectral energy associated structures as correlated with each numbered bone further below in the dated boxes. The 3 dated boxes then show the associated bone scaffold for Scaphoid with the muscles for each bone of the scaffold changing through the 3 dates to provide on-going bone adjustment.

TIME INTERVALS corresponding to the 6 periods in 24 hours in which energy need evolved from possible available ranges of spectral energy from radio to gamma rays:	**1** Breath thru nasolacrimal duct into inferior lacrimal canaliculus to activate cavernous sinus 3 & Eye Apparatus:	**2** Breath through middle nasal meatus to activate maxillary sinus and the	**3** Breath through Eustacean tube to activate lateral semicircular duct ampulla and the	**4** Breath through inferior nasal meatus & incisive canal to activate RLS 2:	**5** Breath through middle nasal meatus & incisive canal to activate RLS 5:	**6** Breath through superior nasal meatus & incisive canal to activate LLS 9:	**EXIT ROUTES** for unincorporated wave lengths of spectral energy:
8:52am-11:16am >	Part 1 <lymph>	Peyer's Patches	Kidney	Part 1	Part 1	Part 1	urethra
11:16am-4:04pm >	Part 2 <blood>	Aorta	Gallbladder	Part 2	Part 2	Part 2	armpits
4:04pm-12:52am >	Part 3<hormone>	Pyloric Gland	Duodenum	Part 3	Part 3	Part 3	nipples
12:52am-7:16am >	Part 4 <DNA>	Cerebellum 3	Liver	Part 4	Part 4	Part 4	anus
7:16am-8:04am >	Part 5 <RNA>	Cerebrum 10	Lat.Vent., R.B.	Part 5	Part 5	Part 5	eye
8:04am-8:52am >	Part 6 <protein>	Cranial Nerve VI	Nerve T6	Part 6	Part 6	Part 6	vagina

10/16/2014 DAY 1 BOB HOOK COMPLEX above is altered in connection with Bob Center, Lower 1st Molar (by way of Maxillary Sinus), through aegis of Inferior Frontal Gyrus, Opercular Part.

Associated bones/muscles are (1) Occipital Bone - eye's dilator muscle
(2) Pisiform - stomach, outer longitudinal layer

(3) C6
orbicularis oculi, palpebral part

(4) Scaphoid
teres minor

(5) Rib 5
interspinalis cervicis

(6) Navicular
abductor digiti minimi, medial

10/17/2014 Day 2 Bob Hook Complex Aid (Bob-A) below is altered in connection with Bob-Center, L3 (by way of Mastoid Cells), in conjunction with Cranial Nerve X (Vagus).

DAY 2 BOB-A > (1) OCCIPITAL BONE - eye's sphincter muscle
Associated bones/muscles are (2) Pisiform - stomach, middle circular layer

(3) C6
depressor supercilii

(4) Scaphoid
latissimus dorsi

(5) Rib 5
oblique capitis inferior

(6) Navicular
opponens digiti minimi

10/18/2014 Day 3 Bob Hook Complex Aid below is altered in connection with Bob Center, LLS 9".

(1) Occipital Bone - eye's orbitalis muscle
(2) Pisiform - stomach, inner oblique layer

(3) C6
orbicularis oculi, orbital part

(4) SCAPHOID > DAY 3 BOB-A
teres major

(5) Rib 5
interspinalis lumborum

(6) Navicular
abductor digiti minimi, lateral

PROCESS FOR ALTERING STRUCTURES
with the following occurances proposed as associated with progress toward optimal functioning

Read boxes from left to right	**Inhalation along given tracts "to" given structures,**	**Likely causes (1) eye tracts to receive spectral energy (with surrogate aid from 6 Exit correspondents*) & intake into**	**And (2) pressure (for alteration) on**	**Exhalation with no collapse of breath tract & structures,**	**Causes (1) pressure (for alteration) on**	**And (2)**	**And (3)**
Day 1 ^ = * see page bottom for each	Superior lacrimal canaliculi "to" Superior petrosal sinuses**,**	Lower 1st molars ^	Inferior frontal gyri, opercular part ^^**;** opercular part ^^**,**	Sup.lac.can. & Sup. petrosal sinuses & 6 Exit correspondents* & Lower 1st molars^ & Inferior frontal gyri,	Lower 1st molars ^ **And intake into** Inferior frontal gyri, opercular part ^^	Breath "to" Superior petrosal sinuses to disperse to receiving structures of the brain to serve during inhalation	Exhalation pressure brought to bear on 6 Exit correspondents* to precipitate that which*** will serve possible surrogate, specifically needed spectral energy roles during inhalation**;** unused "spectral energy" pressure of the breath cycle disperses to Exits**.
Day 2 ^ = * see below for each	Inferior lacrimal canaliculi "to" Cavernous sinuses 3**,**	As above but for L3 ^ (+ CN X, i.e. Cranial nerve X, Vagus)	As above but for the Occipital bone ^^**;**	Inf. lac. can. & Cavernous sinuses 3 & 6 Exit correspondents* & L3 ^ (+ CN X) & Occipital bone ^^**,**	L3 ^ (+ CN X) **And intake into** Occipital bone ^^	Breath "to" Cavernous sinuses 3 to disperse to receiving structures of the brain	As above
Day 3 ^ = * see below	Inferior nasal meatus & incisive canal "to" RLS 2**,**	As above but for LLS 9" ^	As above but for Scaphoids^^**;** LLS 9" ^ & Scaphoids ^^**,**	Inf. nas. m. & RLS 2 & 6 Exit correspondents* &	LLS 9" ^ **And intake into** Scaphoids^^	Breath "to" RLS 2 to disperse to lung part destinations	As above

^ / **v** = up / down arrows **Direction** of **Stretch** for **Muscles** on **Front** of **Page**

~ = line continuance in this section

lel fibers originating around esophageal juncture in 24 hours
stomach, outer longitudinal - from front of esophagus/stomach juncture to stomach/pylorus juncture, paral- **^**
orbicularis oculi, palpebral part - muscle forming eyelids from area of medial palpable ligament on around
teres minor - from scapula's posterior middle-upper lateral border to humerus's posterior greater tubercle
interspinalis cervicis - from lower spinous processes of cervical vertebrae to higher side of Mt PP5 base
abductor digiti minimi, medial - from between lateral & medial processes of calcaneus tuberosity to lateral **^**
stomach, middle circular - around pylorus from back, fibers then circling in bands from back progressing to **v**
depressor supercilii - from lower forehead to medial palpebral ligament in medial corner of eye fundus
latissimus dorsi - from most upper central anterior humerus around to lower thoracic / lumbar / sacral spine
oblique capitis inferior- from C1 transverse process to C2 spinous process
opponens digiti minimi - from lateral side of Mt PP5 base back to most lateral fibers of Mt 5 base
stomach, inner oblique layer - from fundus peak obliquely toward lateral wall, similar rows back to (**~** below)
orbicularis oculi, orbital part - outer muscle around eyelids from area of medial palpable ligament on around
teres major - from scapula's posterior lower lateral border to most upper medial anterior humerus
interspinalis lumborum - from lower spinous processes of lumbar vertebrae to higher
abductor digiti minimi, lateral - from lateral process of calcaneus tuberosity to lateral side of Mt PP5 base
~ cardiac notch, with last row along the inner curve of stomach to the 1st longitudinal fiber's end area

^ & ^^ **:** ^ is Part 2's "Inroad Channel" (= Center of Gravity) & ^^ is the "Resulting Structure" (= Day's "Bone")

***Exit correspondents associated with Day 1, Day 2 & Day 3 structures are shown below**						**** Exits**
8:52a - 11:16a **|** Eye part 1 **|**	Peyer's patches	Kidney	RLS 2, p.1	RLS 5, p.1	LLS 9, p.1	Urethra
11:16a - 4:04p **|** Eye part 2 **|**	Aorta	Gallbladder	part 2	part 2	part 2	Armpits
4:04p - 12:52a **|** Eye part 3 **|**	Pyloric gland	Duodenum	part 3	part 3	part 3	Nipples
12:52a - 7:16a **|** Eye part 4 **|**	Cerebellum 3	Liver	part 4	part 4	part 4	Anus
7:16a - 8:04a **|** Eye part 5 **|**	Cerebrum 10	Lat.Vent.,R.B.	part 5	part 5	part 5	Eye
8:04a - 8:52a **|** Eye part 6 **|**	Cranial nerve VI	Nerve T6	part 6	part 6	part 6	Vagina

***** Being that which is needed to allow constant organism alteration for constant universe change.**

8:52 a.m. 7/2/1939 HUMAN as Bob or Pendulum from Crista Galli as Hook or Pivot for 10/19-10/21/2014

DAY 1 BOB HOOK COMPLEX is ETHMOID/Sphenoid BONE with breath through Nasolacrimal Duct (N.D.) & Superior Lacrimal Canaliculus to activate the Superior Petrosal Sinus thereby arranging the INFERIOR FRONTAL GYRUS, TRIANGULAR PART to align SACCULE OF THE EAR to form Lens, "muscles" are the upper, lateral quadrant 3-member set (31-33) of 3 equatorial zonular fibers per set.

DAY 2 BOB-A is PARIETAL/Hook of Hamate BONE with 2nd component of breath through N.D. & Inferior Lacrimal Canaliculus to activate Cavernous Sinus 3 thereby arranging TRIGEMINAL NERVE (C.N. V) to continue proper gyrus function, muscles are the dilator, sphincter and orbitalis of the eye.

DAY 3 BOB HOOK COMPLEX AID (BOB-A) is S1/MC PP4 with 3rd component of breath through Inferior Nasal Meatus & Incisive Canal to activate RLS 2 thereby arranging SPINAL NERVE 11 (T7 Spinal Nerve) to continue proper gyrus function, muscles are as shown.

In order for the above described Bob Hook Complex to approach optimal function, there can be no mis-alignment of its associated bone, muscle and organ structures. In the lower set of boxed columns below, preceded in the upper set by the enabling breath tracts, and aligned to the 6 spectral energy time intervals in 24 hours at left, are the 6 spectral energy associated structures as correlated with each numbered bone further below in the dated boxes. The 3 dated boxes then show the associated bone scaffold for Mc PP4 with the muscles for each bone of the scaffold changing through the 3 dates to provide on-going bone adjustment.

TIME INTERVALS corresponding to the 6 periods in 24 hours in which energy need evolved from possible available ranges of spectral energy from radio to gamma rays:	1 Breath thru nasolacrimal duct into inferior lacrimal canaliculus to activate cavernous sinus 3 & Eye Apparatus:	2 Breath through middle nasal meatus to activate maxillary sinus and the	3 Breath through Eustacean tube to activate utricle of the ear and the	4 Breath through inferior nasal meatus & incisive canal to activate RLS 2:	5 Breath through middle nasal meatus & incisive canal to activate RLS 5:	6 Breath through superior nasal meatus & incisive canal to activate LLS 9:	EXIT ROUTES for unincor-porated wave lengths of spectral energy:
8:52am-11:16am >	Part 1 <lymph>	Peyer's Patches	Kidney	Part 1	Part 1	Part 1	urethra
11:16am-4:04pm >	Part 2 <blood>	Aorta	Gallbladder	Part 2	Part 2	Part 2	armpits
4:04pm-12:52am >	Part 3<hormone>	Pyloric Gland	Duodenum	Part 3	Part 3	Part 3	nipples
12:52am-7:16am >	Part 4 <DNA>	Cerebellum 3	Liver	Part 4	Part 4	Part 4	anus
7:16am-8:04am >	Part 5 <RNA>	Cerebrum 11	Lat.Vent., R.B.	Part 5	Part 5	Part 5	eye
8:04am-8:52am >	Part 6 <protein>	Cranial Nerve V	Nerve T7	Part 6	Part 6	Part 6	vagina

10/19/2014 DAY 1 BOB HOOK COMPLEX above is altered in connection with Bob Center, Upper 2nd Pre-Molar (by way of Mastoid Cells), through aegis of Inferior Frontal Gyrus, Triangular Part.

Associated bones/muscles are (1) Parietal Bone - eye's dilator muscle
(2) Hook of Hamate - small intestine, longitudinal fibers

(3) S1
orbicularis oris, superficial fibers

(4) Mc PP4
subscapularis

(5) T6
longissimus thoracis & cervicis

(6) Mt PP4
quadratus plantae, medial

10/20/2014 Day 2 Bob-A below is altered in connection with Bob-Center, Nasal Bone's overseen Series of Soft Tissue Structure (by way of Mastoid Cells) in conjunction with Cranial Nerve IX (Glossopharyngeal).

DAY 2 BOB-A > (1) PARIETAL BONE - eye's sphincter muscle
Associated bones/muscles are (2) Hook of Hamate - small intestine, circular fibers

(3) S1
medial rectus of eye

(4) Mc PP4
supraspinatus

(5) T6
spinalis thoracis

(6) Mt PP4
interosseous lumbrical no. 1

10/21/2014 Day 3 Bob Hook Complex Aid (Bob-A) below is altered in connection with Bob Center,

(1) Parietal Bone - eye's orbitalis muscle **RLS 8".**
(2) Hook of Hamate - small intestine, muscularis mucosa

(3) S1
risorius

(4) MC PP4 > DAY 3 BOB-A
infraspinatus

(5) T6
iliocostalis lumborum

(6) Mt PP4
quadratus plantae, lateral

PROCESS FOR ALTERING STRUCTURES
with the following occurances proposed as associated with progress toward optimal functioning

Read boxes from left to right	**Inhalation along given tracts "to" given structures.**	**Likely causes (1) eye tracts to receive spectral energy (with surrogate aid from 6 Exit correspondents*) & intake into**	**And (2) pressure (for alteration) on**	**Exhalation with no collapse of breath tract & structures,**	**Causes (1) pressure (for alteration) on**	**And (2)**	**And (3)**
Day 1 ^ = * see page bottom for each	Superior lacrimal canaliculi "to" Superior petrosal sinuses**,**	Upper 2nd pre-molars ^	Inferior frontal gyri, triangular part ^^**;** & Inferior frontal gyri, triangular part ^^**,**	Sup.lac.can. & Sup. petrosal sinuses & 6 Exit correspondents* & Upper 2nd pre-molars ^	Upper 2nd pre-molars ^ **And intake into** Inferior frontal gyri, triangular part ^^	Breath "to" Superior petrosal sinuses to disperse to receiving structures of the brain to serve during inhalation	Exhalation pressure brought to bear on 6 Exit correspondents* to precipitate that which*** will serve possible surrogate, specifically needed spectral energy roles during inhalation**;** unused "spectral energy" pressure of the breath cycle disperses to Exits**.
Day 2 ^ = * see below for each	Inferior lacrimal canaliculi "to" Cavernous sinuses 3**,** (+ CN IX - Glossopharyngeal)	As above but for Spleen, subclavian artery, pancreas + 3 others ^	As above but for the Parietal bone ^^**;**	Inf. lac. can. & Cavernous sinuses 3 & 6 Exit correspondents* & Spleen, etc. ^ & Parietal bone ^^**,**	Spleen, subclavian artery, pancreas, etc. ^ (+ CN IX) **& intake into** Parietal bone ^^	Breath "to" Cavernous sinuses 3 to disperse to receiving structures of the brain	As above
Day 3 ^ = * see below	Inferior nasal meatus & incisive canal "to" RLS 2**,**	As above but for RLS 8" ^	As above but for Mc PP4s^^**;** RLS 8" ^ & Mc PP4s ^^**,**	Inf. nas. m. & RLS 2 & 6 Exit correspondents* &	RLS 8" ^ **And intake into** Mc PP4s ^^	Breath "to" RLS 2 to disperse to lung part destinations	As above

Note: Maintain alignment of L5**/**pisiform, McSs2**/**incus, McSs1**/**hyoid, MtSs1**/**patella.

v = down arrow **Direction** of **Stretch** for **Muscles** on **Front** of **Page**

~ = line continuance in this section

~ at duodenum front with last oblique fiber end at ileum top end

small intestine, longitudinal fibers -1st fiber from front beginning (duodenum) to top end (ileum),then parallel **v** rows around in 24 hrs

orbicularis oris, superficial fibers - less deep muscle fibers around lips above & below

subscapularis - from most of anterior scapula to just below anterior medial top of humerus

longissimus thoracis & cervicis - from sacrum & lower transverse processes to those higher to C2 & ribs

quadratus plantae, medial - from medial calcaneus bottom surface to flexor digitorum longus tendon centrally

small intestine, circular fibers **-**from bottom end (ileum) making around-circling bands to duodenum beginning

medial rectus of eye - from medial surface of eyeball to common tendinous ring around optic nerve

supraspinatus - from outer top of humerus (greater tubercle) to posterior upper scapula

spinalis thoracis -from upper thoracic spinous processes to those of lowest thoracic & upper lumbar vertebrae

interosseous lumbrical no. 1 - from medial base of Mt PP2 to along medial flexor digitorum longus 1st tendon

small intestine, muscularis mucosa - bunched origin of rows of oblique fibers from end of last circling-band **~**

risorius - from cheek (over deeper muscles) straight in toward corner of mouth

infraspinatus - from much of lower posterior scapula to just below posterior lateral top of humerus

iliocostalis lumborum - centrally from tailbone area & top of hipbone (iliac crest) to lower ribs at their angles

quadratus plantae, lateral - from lateral calcaneus bottom surface to flexor digitorum longus tendon centrally

^ & ^^ **:** ^ is Part 2's "Inroad Channel" (= Center of Gravity) & ^^ is the "Resulting Structure" (= Day's "Bone")

***Exit correspondents associated with Day 1, Day 2 & Day 3 structures are shown below**						**** Exits**
8:52a - 11:16a **|** Eye part 1 **|**	Peyer's patches	Kidney	RLS 2, p.1	RLS 5, p.1	LLS 9, p.1	Urethra
11:16a - 4:04p **|** Eye part 2 **|**	Aorta	Gallbladder	part 2	part 2	part 2	Armpits
4:04p - 12:52a **|** Eye part 3 **|**	Pyloric gland	Duodenum	part 3	part 3	part 3	Nipples
12:52a - 7:16a **|** Eye part 4 **|**	Cerebellum 3	Liver	part 4	part 4	part 4	Anus
7:16a - 8:04a **|** Eye part 5 **|**	Cerebrum 11	Lat.Vent.,R.B.	part 5	part 5	part 5	Eye
8:04a - 8:52a **|** Eye part 6 **|**	Cranial nerve V	Nerve T7	part 6	part 6	part 6	Vagina

***** Being that which is needed to allow constant organism alteration for constant universe change.**

8:52 a.m. 7/2/1939 HUMAN as Bob or Pendulum from Crista Galli as Hook or Pivot for 10/22-10/24/2014

DAY 1 BOB HOOK COMPLEX is Ethmoid/SPHENOID BONE with breath through Nasolacrimal Duct (N.D.) & Superior Lacrimal Canaliculus to activate the Superior Petrosal Sinus thereby arranging the INFERIOR FRONTAL GYRUS, ORBITAL PART to align SACCULE OF THE EAR to form Lens, "muscles" are the upper, lateral quadrant 3-member set (34-36) of 3 equatorial zonular fibers per set.

DAY 2 BOB-A is OCCIPITAL/Lunate BONE with 2nd component of breath through N.D. & Inferior Lacrimal Canaliculus to activate Cavernous Sinus 3 thereby arranging ABDUCENT NERVE (C.N. VI) to continue proper gyrus function, muscles are the dilator, sphincter and orbitalis of the eye.

DAY 3 BOB HOOK COMPLEX AID (BOB-A) is C7/TRAPEZOID Bone with 3rd component of breath through Inferior Nasal Meatus & Incisive Canal to activate RLS 2 thereby arranging SPINAL NERVE 12 (T8 Spinal Nerve) to continue proper gyrus function, muscles are as shown.

In order for the above described Bob Hook Complex to approach optimal function, there can be no misalignment of its associated bone, muscle and organ structures. In the lower set of boxed columns below, preceded in the upper set by the enabling breath tracts, and aligned to the 6 spectral energy time intervals in 24 hours at left, are the 6 spectral energy associated structures as correlated with each numbered bone further below in the dated boxes. The 3 dated boxes then show the associated bone scaffold for Trapezoid with the muscles for each bone of the scaffold changing through the 3 dates to provide on-going bone adjustment.

TIME INTERVALS	1	2	3	4	5	6	EXIT
corresponding to the 6 periods in 24 hours in which energy need evolved from possible available ranges of spectral energy from radio to gamma rays:	Breath thru nasolacrimal duct into inferior lacrimal canaliculus to activate cavernous sinus 3 & Eye Apparatus:	Breath through middle nasal meatus to activate maxillary sinus and the	Breath through Eustacean tube to activate utricle of the ear and the	Breath through inferior nasal meatus & incisive canal to activate RLS 2:	Breath through middle nasal meatus & incisive canal to activate RLS 5:	Breath through superior nasal meatus & incisive canal to activate LLS 9:	ROUTES for unincorporated wave lengths of spectral energy:
8:52am-11:16am >	Part 1 <lymph>	Peyer's Patches	Kidney	Part 1	Part 1	Part 1	urethra
11:16am-4:04pm >	Part 2 <blood>	Aorta	Gallbladder	Part 2	Part 2	Part 2	armpits
4:04pm-12:52am >	Part 3<hormone>	Pyloric Gland	Duodenum	Part 3	Part 3	Part 3	nipples
12:52am-7:16am >	Part 4 <DNA>	Cerebellum 3	Liver	Part 4	Part 4	Part 4	anus
7:16am-8:04am >	Part 5 <RNA>	Cerebrum 12	Lat.Vent., R.B.	Part 5	Part 5	Part 5	eye
8:04am-8:52am >	Part 6 <protein>	Cranial Nerve VI	Nerve T8	Part 6	Part 6	Part 6	vagina

10/22/2014 DAY 1 BOB HOOK COMPLEX above is altered in connection with Bob Center, Lower 2nd Pre-Molar (by way of Mastoid Cells), through aegis of Inferior Frontal Gyrus, Orbital Part.

Associated bones/muscles are (1) Occipital Bone - eye's dilator muscle
(2) Lunate - longitudinal bundle of bile duct

(3) C7
levator anguli oris

(4) Trapezoid
pectoralis major, clavicular part

(5) Rib 6
semispinalis cervicis

(6) Cuneiform Intermediate
interosseous plantar

10/23/2014 Day 2 Bob Hook Complex Aid (Bob-A) below is altered in connection with Bob-Center, L3 (by way of Mastoid Cells), in conjunction with Cranial Nerve X (Vagus).

DAY 2 BOB-A > (1) OCCIPITAL BONE - eye's sphincter muscle
Associated bones/muscles are (2) Lunate - common bile duct (choledochal) sphincter

(3) C7
depressor septi nasi

(4) Trapezoid
pectoralis minor

(5) Rib 6
splenius cervicis

(6) Cuneiform Intermediate
interosseous lumbrical nos. 2, 3, 4

10/24/2014 Day 3 Bob Hook Complex Aid (Bob-A) below is altered in connection with Bob Center, LLS 7+8".

(1) Occipital Bone - eye's orbitalis muscle
(2) Lunate - hepatopancreatic ampulla sphincter

(3) C7
depressor anguli oris

(4) TRAPEZOID > DAY 3 BOB-A
pectoralis major, sternal part

(5) Rib 6
semispinalis thoracis

(6) Cuneiform Intermediate
interosseous dorsal

PROCESS FOR ALTERING STRUCTURES
with the following occurances proposed as associated with progress toward optimal functioning

Read boxes from left to right	**Inhalation along given tracts "to" given structures,**	**Likely causes (1) eye tracts to receive spectral energy (with surrogate aid from 6 Exit correspondents*) & intake into**	**And (2) pressure (for alteration) on**	**Exhalation with no collapse of breath tract & structures,**	**Causes (1) pressure (for alteration) on**	**And (2)**	**And (3)**
Day 1 ^ = * see page bottom for each	Superior lacrimal canaliculi "to" Superior petrosal sinuses**,**	Lower 2nd pre-molars ^	Inferior frontal gyri, orbital part ^^**;** & Inferior frontal gyri, orbital part ^^**,**	Sup.lac.can. & Sup. petrosal sinuses & 6 Exit correspondents* & Lower 2nd pre-molars ^	Lowee 2nd pre-molars ^ **And intake into** Inferior frontal gyri, orbital part ^^	Breath "to" Superior petrosal sinuses to disperse to receiving structures of the brain to serve during inhalation	Exhalation pressure brought to bear on 6 Exit correspondents* to precipitate that which*** will serve possible surrogate, specifically needed spectral energy roles during inhalation**;** unused "spectral energy" pressure of the breath cycle disperses to Exits**.
Day 2 ^ = * see below for each	Inferior lacrimal canaliculi "to" Cavernous sinuses 3**,**	As above but for L3 ^ (+ CN X, i.e. Cranial nerve X, Vagus)	As above but for the Occipital bone ^^**;**	Inf. lac. can. & Cavernous sinuses 3 & 6 Exit correspondents* & L3 ^ (+ CN X) & Occipital bone ^^**,**	L3 ^ (+ CN X) **And intake into** Occipital bone ^^	Breath "to" Cavernous sinuses 3 to disperse to receiving structures of the brain	As above
Day 3 ^ = * see below	Inferior nasal meatus & incisive canal "to" RLS 2**,**	As above but for LLS 7+8" ^	As above but for Trapezoids ^^**;** LLS 7+8" ^ & Trapezoids^^**,**	Inf. nas. m. & RLS 2 & 6 Exit correspondents* &	LLS 7+8" ^ **And intake into** Trapezoids^^	Breath "to" RLS 2 to disperse to lung part destinations	As above

Note: Maintain alignment of L5**/**pisiform, McSs2**/**incus, McSs1**/**hyoid, MtSs1**/**patella.

^/v = up**/**down arrow **Direction** of **Stretch** for **Muscles** on **Front** of **Page** **~** = line continuance in 24 hrs.

longitudinal bundle of bile duct - rows of stretch down bile duct from upper anterior, then posteriorly around **^**
levator anguli oris - from under eye straight down into lip corners underneath other levator facial muscles
pectoralis major, clavicular part - along clavicle from sternum top to anterior lateral upper humerus
semispinalis cervicis -from transverse processes of upper 5-6 thoracic vertebrae to spinous processes of **~~v**
interosseous plantar - from medial side of Mt 3-5 to same of Mt PP3-5 **~** to 1st longitudinal fiber end in 24 hrs.

common bile duct (choledochal) sphincter - bands of circular stretch in 24 hrs. from lower back of bile duct up
depressor septi nasi - from the nasal septum straight down into the central upper lip muscles
pectoralis minor - from scapula's coracoid process to ribs 2-5 close to their costal cartilages parts
splenius cervicis - from highest cervical transverse processes down to upper thoracic spinous processes
interosseous lumbrical nos. 2, 3, 4 - from Mt PP3-5 medial base back to toes' flexor digitorum longus tendons

hepatopancreatic ampulla sphincter - bunched origins of oblique stretch from upper anterior straightening **~ ^**
depressor anguli oris - from chin's bottom edge below lip corners up into these corners **~~**some 6 vertebrae above
pectoralis major, sternal part - from sternum length & 6th rib costal part to anterior lateral upper humerus
semispinalis thoracis -from transverse processes of lower 5-6 thoracic vertebrae to spinous processes of **~~^**
interosseous dorsal - from Mt 1 base & adjacent sides of Mt 2-5 to Mt PP2 both sides & PP3-4 lateral sides

^ & ^^ **:** ^ is Part 2's "Inroad Channel" (= Center of Gravity) & ^^ is the "Resulting Structure" (= Day's "Bone")

***Exit correspondents associated with Day 1, Day 2 & Day 3 structures are shown below**						**** Exits**
8:52a - 11:16a **|** Eye part 1 **|**	Peyer's patches	Kidney	RLS 2, p.1	RLS 5, p.1	LLS 9, p.1	Urethra
11:16a - 4:04p **|** Eye part 2 **|**	Aorta	Gallbladder	part 2	part 2	part 2	Armpits
4:04p - 12:52a **|** Eye part 3 **|**	Pyloric gland	Duodenum	part 3	part 3	part 3	Nipples
12:52a - 7:16a **|** Eye part 4 **|**	Cerebellum 3	Liver	part 4	part 4	part 4	Anus
7:16a - 8:04a **|** Eye part 5 **|**	Cerebrum 12	Lat.Vent.,R.B.	part 5	part 5	part 5	Eye
8:04a - 8:52a **|** Eye part 6 **|**	Cranial nerve VI	Nerve T8	part 6	part 6	part 6	Vagina

***** That which is formed is that which is needed to serve in altering organism structures to allow the organism to continually change to accord itself to its constantly altering universe.**

8:52 a.m. 7/2/1939 HUMAN as Bob or Pendulum from Crista Galli as Hook or Pivot for 10/25-10/27/2014

DAY 1 BOB HOOK COMPLEX is ETHMOID/Sphenoid BONE with breath through Nasolacrimal Duct (N.D.) & Superior Lacrimal Canaliculus to activate the Inferior Petrosal Sinus thereby arranging the SUPRAMARGINAL GYRUS to align INNER HAIR CELLS OF THE COCHLEA to form Lens, "muscles" are the lateral-most 3-member set (37-39) of 3 equatorial zonular fibers per set.

DAY 2 BOB HOOK COMPLEX AID is PARIETAL/Malleus BONE with 2nd component of breath through N.D. & Inferior Lacrimal Canaliculus to activate Cavernous Sinus 4 thereby arranging FACIAL NERVE (C.N. VII) to continue proper gyrus function, muscles are the dilator, sphincter and orbitalis of the eye.

DAY 3 BOB HOOK COMPLEX AID (BOB-A) is Cx 1/MC MP4 with 3rd component of breath through Inferior Nasal Meatus & Incisive Canal to activate LLS 3 thereby arranging SPINAL NERVE 13 (T9 Spinal Nerve) to continue proper gyrus function, muscles are as shown.

In order for the above described Bob Hook Complex to approach optimal function, there can be no mis-alignment of its associated bone, muscle and organ structures. In the lower set of boxed columns below, preceded in the upper set by the enabling breath tracts, and aligned to the 6 spectral energy time intervals in 24 hours at left, are the 6 spectral energy associated structures as correlated with each numbered bone further below in the dated boxes. The 3 dated boxes then show the associated bone scaffold for Mc MP4 with the muscles for each bone of the scaffold changing through the 3 dates to provide on-going bone adjustment.

TIME INTERVALS corresponding to the 6 periods in 24 hours in which energy need evolved from possible available ranges of spectral energy from radio to gamma rays:	1 Breath thru nasolacrimal duct into inferior lacrimal canaliculus to activate cavernous sinus 4 & Eye Apparatus:	2 Breath through Eustacean tube to activate tympanic cells and the	3 Breath through Eustacean tube to activate saccule of the ear and the	4 Breath through inferior nasal meatus & incisive canal to activate LLS 3:	5 Breath through middle nasal meatus & incisive canal to activate LLS 6:	6 Breath through superior nasal meatus & incisive canal to activate RLS 9:	EXIT ROUTES for unincor-porated wave lengths of spectral energy:
8:52am-11:16am >	Part 1 <lymph>	Spleen	Kidney	Part 1	Part 1	Part 1	urethra
11:16am-4:04pm >	Part 2 <blood>	Subclavian Artery	Gallbladder	Part 2	Part 2	Part 2	armpits
4:04pm-12:52am >	Part 3<hormone>	Pancreas	Duodenum	Part 3	Part 3	Part 3	nipples
12:52am-7:16am >	Part 4 <DNA>	Cerebellum 4	Liver	Part 4	Part 4	Part 4	anus
7:16am-8:04am >	Part 5 <RNA>	Cerebrum 13	Lat.Vent., L.B.	Part 5	Part 5	Part 5	eye
8:04am-8:52am >	Part 6 <protein>	Cranial Nerve VII	Nerve T9	Part 6	Part 6	Part 6	vagina

10/25/2014 DAY 1 BOB HOOK COMPLEX above is altered in connection with Bob Center, Upper 1st Pre-Molar (by way of Frontal Sinus), through aegis of the Supramarginal Gyrus.

Associated bones/muscles are (1) Parietal Bone - eye's dilator muscle

(2) Malleus - large intestine, longitudinal fibers

(3) Cx 1
levator labii superioris alaeque nasi

(4) Mc MP4
trapezius, 2nd front part

(5) T7
longus colli, superior oblique part

(6) Mt MP4
extensor hallucis/digitorum brevis

10/26/2014 Day 2 Bob-A below is altered in connection with Bob-Center, Nasal Bone's overseen Series of Soft Tissue Structure (by way of Mastoid Cells) in conjunction with Cranial Nerve IX (Glossopharyngeal).

DAY 2 BOB-A > (1) PARIETAL BONE - eye's sphincter muscle

Associated bones/muscles are (2) Malleus - large intestine, circular fibers

(3) Cx 1
lateral rectus of eye

(4) Mc MP4
trapezius, middle part

(5) T7
longus colli, vertical part

(6) Mt MP4
extensor hallucis longus

10/27/2014 Day 3 Bob Hook Complex Aid (Bob-A) below is altered in connection with Bob Center, RLS 7".

(1) Parietal Bone - eye's orbitalis muscle

(2) Malleus - large intestine, muscularis mucosa

(3) Cx 1
mentalis

(4) MC MP4 > DAY 3 BOB-A
trapezius, back part

(5) T7
longus colli, inferior oblique part

(6) Mt MP4
extensor digitorum longus & fibularis tertius

PROCESS FOR ALTERING STRUCTURES
with the following occurances proposed as associated with progress toward optimal functioning

Read boxes from left to right	**Inhalation along given tracts "to" given structures,**	**Likely causes (1) eye tracts to receive spectral energy (with surrogate aid from 6 Exit correspondents*) & intake into**	**And (2) pressure (for alteration) on**	**Exhalation with no collapse of breath tract & structures,**	**Causes (1) pressure (for alteration) on**	**And (2)**	**And (3)**
Day 1 ^ = * see page bottom for each	Superior lacrimal canaliculi "to" Inferior petrosal sinuses**,**	Upper 1st pre-molars ^	Supra-marginal gyri ^^**;**	Sup.lac.can. & Inf. petrosal sinuses & 6 Exit correspondents* & Upper 1st pre-molars ^ & Supramarginal gyri ^^**,**	1st pre-molars ^ **And intake into** Supra-marginal gyri ^^	Breath "to" Inferior petrosal sinuses to disperse to receiving structures of the brain to serve during inhalation	Exhalation pressure brought to bear on 6 Exit correspondents* to precipitate that which*** will serve possible surrogate, specifically needed spectral energy roles during inhalation**;** unused "spectral energy" pressure of the breath cycle disperses to Exits**.
Day 2 ^ = * see below for each	Inferior lacrimal canaliculi "to" Cavernous sinuses 4**,** (+ CN IX - Glossopharyngeal)	As above but for Spleen, subclavian artery, pancreas + 3 others ^	As above but for the Parietal bone ^^**;**	Inf. lac. can. & Cavernous sinuses 4 & 6 Exit correspondents* & Spleen, etc. ^ & Parietal bone ^^**,**	Spleen, subclavian artery, pancreas, etc. ^ (+ CN IX) **& intake into** Parietal bone ^^	Breath "to" Cavernous sinuses 4 to disperse to receiving structures of the brain	As above
Day 3 ^ = * see below	Inferior nasal meatus & incisive canal "to" LLS 3**,**	As above but for RLS 7" ^	As above but for Mc MP4s^^**;** RLS 7" ^ & Mc MP4s ^^**,**	Inf. nas. m. & LLS 3 & 6 Exit correspondents* &	RLS 7" ^ **And intake into** Mc MP4s ^^	Breath "to" LLS 3 to disperse to lung part destinations	As above

Note: Maintain alignment of L5**/**pisiform, McSs2**/**incus, McSs1**/**hyoid, MtSs1**/**patella.

^ = up arrow **Direction** of **Stretch** for **Muscles on Front** **~ =** line continuance

colic tenia in 24 hours
large intestine, longitudinal fibers - from ileal orifice area, maybe omental fiber rows, then free, then meso**- ^**
levator labii superioris alaeque nasi - from just below inner corner of eye into side of nose and lip below
trapezius, 2nd front part - from occipital's posterior point (external occipital protuberance) to front acromion
longus colli, superior oblique part - from anterolateral T3-T2 bodies to anterolateral C1 body | Mt PP1-4
extensor hallucis/digitorum brevis - from dorsal/lateral calcaneus, as tendons to extensor longus tendons at**^**

large intestine, circular fibers - bands of encircling fibers from end to beginning of large intestine
lateral rectus of eye - from lateral surface of eyeball to common tendinous ring around optic nerve
trapezius, middle part - from scapula's dorsal acromion to ligamentum nuchae above C7 spinous process
longus colli, vertical part - from anterolateral C2-C4 bodies to anterolateral C5-T3 bodies
extensor hallucis longus - from Mt DP1 anterior base to middle medial fibula/interosseous membrane

large intestine, muscularis mucosa - oblique fibers from area of last circular fiber's end, 1st laterally, then **~**
mentalis - centrally from chin's tip to mandible's depression below incisive teeth (incisive fossa)
trapezius, back part - from T12-T1 & C7 spinous processes to upper border of spine of scapula | tubercles
longus colli, inferior oblique part - from anterolateral T3-T2 bodies to C6-C5 transverse processes' anterior **^**
extensor digitorum longus & fibularis tertius - from tibia's lateral condyle & anteromedial fibula, then down **~~**

~ toward 1st longitudinal fiber's end ~~ anterior fibula into medial tendon to Mt MP/DP2-5 anterior bases

^ & ^^ **:** ^ is Part 2's "Inroad Channel" (= Center of Gravity) & ^^ is the "Resulting Structure" (= Day's "Bone")

***Exit correspondents associated with Day 1, Day 2 & Day 3 structures are shown below**						**** Exits**
8:52a - 11:16a **|** Eye part 1 **|**	Spleen	Kidney	LLS 3, p.1	LLS 6, p.1	RLS 9, p.1	Urethra
11:16a - 4:04p **|** Eye part 2 **|**	Subclavian Artery	Gallbladder	part 2	part 2	part 2	Armpits
4:04p - 12:52a **|** Eye part 3 **|**	Pancreas	Duodenum	part 3	part 3	part 3	Nipples
12:52a - 7:16a **|** Eye part 4 **|**	Cerebellum 4	Liver	part 4	part 4	part 4	Anus
7:16a - 8:04a **|** Eye part 5 **|**	Cerebrum 13	Lat.Vent**.,** L.B.	part 5	part 5	part 5	Eye
8:04a - 8:52a **|** Eye part 6 **|**	Cranial nerve VII	Nerve T9	part 6	part 6	part 6	Vagina

***** Being that which is needed to allow constant organism alteration for constant universe change.**

8:52 a.m. 7/2/1939 HUMAN as Bob or Pendulum from Crista Galli as Hook or Pivot for 10/28-10/30/2014

DAY 1 BOB HOOK COMPLEX is Ethmoid/SPHENOID BONE with breath through Nasolacrimal Duct (N.D.) & Superior Lacrimal Canaliculus to activate the Inferior Petrosal Sinus thereby arranging the SUPERIOR TEMPORAL GYRUS to align INNER HAIR CELLS OF THE COCHLEA to form Lens, "muscles" are the lower, lateral quadrant 3-member set (40-42) of 3 equatorial zonular fibers per set.

DAY 2 BOB-A is OCCIPITAL/Incus BONE with 2nd component of breath through N.D. & Inferior Lacrimal Canaliculus to activate Cavernous Sinus 4 thereby arranging VESTIBULOCOCHLEAR NERVE (C.N. VIII) to continue proper gyrus function, muscles are the dilator, sphincter and orbitalis of the eye.

DAY 3 BOB HOOK COMPLEX AID (BOB-A) is Cx 2/CAPITATE with 3rd component of breath through Inferior Nasal Meatus & Incisive Canal to activate LLS 3 thereby arranging SPINAL NERVE 14 (T10 Spinal Nerve) to continue proper gyrus function, muscles are as shown.

In order for the above described Bob Hook Complex to approach optimal function, there can be no mis-alignment of its associated bone, muscle and organ structures. In the lower set of boxed columns below, preceded in the upper set by the enabling breath tracts, and aligned to the 6 spectral energy time intervals in 24 hours at left, are the 6 spectral energy associated structures as correlated with each numbered bone further below in the dated boxes. The 3 dated boxes then show the associated bone scaffold for Capitate with the muscles for each bone of the scaffold changing through the 3 dates to provide on-going bone adjustment.

TIME INTERVALS corresponding to the 6 periods in 24 hours in which energy need evolved from possible available ranges of spectral energy from radio to gamma rays:	1 Breath thru nasolacrimal duct into inferior lacrimal canaliculus to activate cavernous sinus 4 & Eye Apparatus:	2 Breath through Eustacean tube to activate tympanic cells and the	3 Breath through Eustacean tube to activate saccule of the ear and the	4 Breath through inferior nasal meatus & incisive canal to activate LLS 3:	5 Breath through middle nasal meatus & incisive canal to activate LLS 6:	6 Breath through superior nasal meatus & incisive canal to activate RLS 9:	EXIT ROUTES for unincor-porated wave lengths of spectral energy:
8:52am-11:16am >	Part 1 <lymph>	Spleen	Kidney	Part 1	Part 1	Part 1	urethra
11:16am-4:04pm >	Part 2 <blood>	Subclavian Artery	Gallbladder	Part 2	Part 2	Part 2	armpits
4:04pm-12:52am >	Part 3<hormone>	Pancreas	Duodenum	Part 3	Part 3	Part 3	nipples
12:52am-7:16am >	Part 4 <DNA>	Cerebellum 4	Liver	Part 4	Part 4	Part 4	anus
7:16am-8:04am >	Part 5 <RNA>	Cerebrum 14	Lat.Vent., L.B.	Part 5	Part 5	Part 5	eye
8:04am-8:52am >	Part 6 <protein>	Cranial Nerve VIII	Nerve T10	Part 6	Part 6	Part 6	vagina

10/28/2014 DAY 1 BOB HOOK COMPLEX above is altered in connection with Bob Center, Lower 1st Pre-Molar (by way of Frontal Sinus), through aegis of the Superior Temporal Gyrus.

Associated bones/muscles are (1) Occipital Bone - eye's dilator muscle
(2) Incus - rectum, longitudinal fibers

(3) Cx 2
auricularis anterior

(4) Capitate
rhomboid minor

(5) Rib 7
rectus capitis anterior

(6) Cuneiform Lateral
gastrocnemius, medial head

10/29/2014 Day 2 Bob Hook Complex Aid (Bob-A) below is altered in connection with Bob-Center, L3 (by way of Mastoid Cells), in conjunction with Cranial Nerve X (Vagus).

DAY 2 BOB-A > (1) OCCIPITAL BONE - eye's sphincter muscle
Associated bones/muscles are (2) Incus - rectum, circular fibers

(3) Cx 2
auricularis superior

(4) Capitate
levator scapulae

(5) Rib 7
oblique capitis superior

(6) Cuneiform Lateral
plantaris

10/30/2014 Day 3 Bob Hook Complex Aid below is altered in connection with Bob Center, RLS 6".

(1) Occipital Bone - eye's orbitalis muscle
(2) Incus - rectum, muscularis mucosa

(3) Cx 2
auricularis posterior

(4) CAPITATE > DAY 3 BOB-A
rhomboid major

(5) Rib 7
rectus capitis lateralis

(6) Cuneiform Lateral
gastrocnemius, lateral head

PROCESS FOR ALTERING STRUCTURES
with the following occurances proposed as associated with progress toward optimal functioning

Read boxes from left to right	**Inhalation along given tracts "to" given structures.**	**Likely causes (1) eye tracts to receive spectral energy (with surrogate aid from 6 Exit correspondents*) & intake into**	**And (2) pressure (for alteration) on**	**Exhalation with no collapse of breath tract & structures,**	**Causes (1) pressure (for alteration) on**	**And (2)**	**And (3)**
Day 1 ^ = * see page bottom for each	Superior lacrimal canaliculi "to" Inferior petrosal sinuses**,**	Lower 1st pre-molars ^	Superior temporal gyri ^^**;**	Sup.lac.can. & Inf. petrosal sinuses & 6 Exit correspondents* & Lower 1st pre-molars^ & Superior temporal gyri ^^**,**	Lower 1st pre-molars ^ **And intake into** Superior temporal gyri ^^	Breath "to" Inferior petrosal sinuses to disperse to receiving structures of the brain to serve during inhalation	Exhalation pressure brought to bear on 6 Exit correspondents* to precipitate that which*** will serve possible surrogate, specifically needed spectral energy roles during inhalation**;** unused "spectral energy" pressure of the breath cycle disperses to Exits**.
Day 2 ^ = * see below for each	Inferior lacrimal canaliculi "to" Cavernous sinuses 4**,**	As above but for L3 ^ (+ CN X, i.e. Cranial nerve X, Vagus)	As above but for the Occipital bone ^^**;**	Inf. lac. can. & Cavernous sinuses 4 & 6 Exit correspondents* & L3 ^ (+ CN X) & Occipital bone ^^**,**	L3 ^ (+ CN X) **And intake into** Occipital bone ^^	Breath "to" Cavernous sinuses 4 to disperse to receiving structures of the brain	As above
Day 3 ^ = * see below	Inferior nasal meatus & incisive canal "to" LLS 3**,**	As above but for RLS 6" ^	As above but for Capitates^^**;** RLS 6" ^ & Capitates ^^**,**	Inf. nas. m. & LLS 3 & 6 Exit correspondents* &	RLS 6" ^ **And intake into** Capitates ^^	Breath "to" LLS 3 to disperse to lung part destinations	As above

Note: Maintain alignment of L5**/**pisiform, McSs2**/**incus, McSs1**/**hyoid, MtSs1**/**patella.

^ = up arrow **Direction** of **Stretch** for **Muscles** on **Front** of **Page** **~ =** line continuance in this section

rectum, longitudinal fibers - from anterior beginning to anterior end, then longitudinal rows around rectum
auricularis, anterior - from front section of temporal fascia near ear to helix's spine on helix's upper front
rhomboid minor - from C7/T1 spin. proc. down to scapula's medial border at its spine | part of occipital bone
rectus capitis anterior - from along more inner top surface of C1 trans.proc.angled acutely in toward basilar **^**
gastrocnemius, medial head - from femur's medial epicondyle area into calcaneal tendon at mid-calf

rectum, circular fibers - from posterior end to make around-circling rows along to posterior beginning
auricularis, superior - from behind top of ear to epicranial membrane (aponeurosis) above ear | processes
levator scapulae - from scapula medial border above its spine up to C4-3 post. tubercles & C2-1 transverse **^**
oblique capitis superior - from occipital bone between nuchal lines to end of C1 transverse process
plantaris - from calcaneus medial posterior top as tendon, then muscle to above gastrocnemius lateral head

rectum, muscularis mucosa - bunched origin of oblique fibers from last circular fiber's end area, each more **~**
auricularis, posterior - from temporal bone's mastoid process straight forward to behind the ear
rhomboid major - from T2-T5 spinous processes down to scapula's medial border below its spine | process
rectus capitis lateralis - from along outer end of C1 trans. proc. angled out slightly to occipital bone's jugular **^**
gastrocnemius, lateral head - from femur's lateral epicondyle area into calcaneal tendon at mid-calf

~ medially originating fiber straightening toward first longitudinal fiber's end area

^ & ^^ **:** ^ is Part 2's "Inroad Channel" (= Center of Gravity) & ^^ is the "Resulting Structure" (= Day's "Bone")

***Exit correspondents associated with Day 1, Day 2 & Day 3 structures are shown below**						**** Exits**
8:52a - 11:16a **|** Eye part 1 **|**	Spleen	Kidney	LLS 3, p.1	LLS 6, p.1	RLS 9, p.1	Urethra
11:16a - 4:04p **|** Eye part 2 **|**	Subclavian Artery	Gallbladder	part 2	part 2	part 2	Armpits
4:04p - 12:52a **|** Eye part 3 **|**	Pancreas	Duodenum	part 3	part 3	part 3	Nipples
12:52a - 7:16a **|** Eye part 4 **|**	Cerebellum 4	Liver	part 4	part 4	part 4	Anus
7:16a - 8:04a **|** Eye part 5 **|**	Cerebrum 14	Lat.Vent**.,** L.B.	part 5	part 5	part 5	Eye
8:04a - 8:52a **|** Eye part 6 **|**	Cranial nerve VIII	Nerve T10	part 6	part 6	part 6	Vagina

***** Being that which is needed to allow constant organism alteration for constant universe change.**

8:52 a.m. 7/2/1939 HUMAN as Bob or Pendulum from Crista Galli as Hook or Pivot for 10/31-11/2/2014

DAY 1 BOB HOOK COMPLEX is ETHMOID+LACRIMAL/Sphenoid BONE with breath through Nasolacrimal Duct (N.D.) & Superior Lacrimal Canaliculus to activate the Inferior Petrosal Sinus thereby arranging the MIDDLE TEMPORAL GYRUS to align OUTER HAIR CELLS OF THE COCHLEA to form Lens, "muscles" are the lower, lateral quadrant 3-member set (43-45) of 3 equatorial zonular fibers per set.

DAY 2 BOB HOOK COMPLEX AID is PARIETAL/Upper Hip BONE with 2nd component of breath through N.D. & Inferior Lacrimal Canaliculus to activate Cavernous Sinus 4 thereby arranging FACIAL NERVE (C.N. VII) to continue proper gyrus function, muscles are the dilator, sphincter and orbitalis of the eye.

DAY 3 BOB HOOK COMPLEX AID (BOB-A) is Cx 3/MC DP4 with 3rd component of breath through Inferior Nasal Meatus & Incisive Canal to activate LLS 3 thereby arranging SPINAL NERVE 15 (T11 Spinal Nerve) to continue proper gyrus function, muscles are as shown.

In order for the above described Bob Hook Complex to approach optimal function, there can be no mis-alignment of its associated bone, muscle and organ structures. In the lower set of boxed columns below, preceded in the upper set by the enabling breath tracts, and aligned to the 6 spectral energy time intervals in 24 hours at left, are the 6 spectral energy associated structures as correlated with each numbered bone further below in the dated boxes. The 3 dated boxes then show the associated bone scaffold for Mc DP4 with the muscles for each bone of the scaffold changing through the 3 dates to provide on-going bone adjustment.

TIME INTERVALS corresponding to the 6 periods in 24 hours in which energy need evolved from possible available ranges of spectral energy from radio to gamma rays:	1 Breath thru nasolacrimal duct into inferior lacrimal canaliculus to activate cavernous sinus 4 & Eye Apparatus:	2 Breath through Eustacean tube to activate tympanic cells and the	3 Breath through Eustacean tube to activate saccule of the ear and the	4 Breath through inferior nasal meatus & incisive canal to activate LLS 3:	5 Breath through middle nasal meatus & incisive canal to activate LLS 6:	6 Breath through superior nasal meatus & incisive canal to activate RLS 9:	EXIT ROUTES for unincor-porated wave lengths of spectral energy:
8:52am-11:16am >	Part 1 <lymph>	Spleen	Kidney	Part 1	Part 1	Part 1	urethra
11:16am-4:04pm >	Part 2 <blood>	Subclavian Artery	Gallbladder	Part 2	Part 2	Part 2	armpits
4:04pm-12:52am >	Part 3<hormone>	Pancreas	Duodenum	Part 3	Part 3	Part 3	nipples
12:52am-7:16am >	Part 4 <DNA>	Cerebellum 4	Liver	Part 4	Part 4	Part 4	anus
7:16am-8:04am >	Part 5 <RNA>	Cerebrum 15	Lat.Vent., L.B.	Part 5	Part 5	Part 5	eye
8:04am-8:52am >	Part 6 <protein>	Cranial Nerve VII	Nerve T11	Part 6	Part 6	Part 6	vagina

10/31/2014 DAY 1 BOB HOOK COMPLEX above is altered in connection with Bob Center, Medial Sesamoid of Mt Ss 1 (by way of balanced, full Mt Ss 1), through aegis of Middle Temporal Gyrus.

Associated bones/muscles are (1) Parietal Bone - eye's dilator muscle

(2) Upper Hip - conjoined longitudinal (rectum/levator ani)

(3) Cx 3
levator labii superioris

(4) Mc DP4
triceps brachii, long head

(5) T8
rectus capitis posterior minor

(6) Mt DP4
flexor digitorum brevis

11/1/2014 Day 2 Bob-A below is altered in connection with Bob-Center, Nasal Bone's overseen Series of Soft Tissue Structure (by way of Mastoid Cells) in conjunction with Cranial Nerve IX (Glossopharyngeal).

DAY 2 BOB-A > (1) PARIETAL BONE - eye's sphincter muscle

Associated bones/muscles are (2) Upper Hip - internal anal sphincter

(3) Cx 3
superior rectus of eye

(4) Mc DP4
triceps brachii, medial head

(5) T8
longus capitis

(6) Mt DP4
flexor digiti minimi brevis

11/2/2014 Day 3 Bob Hook Complex Aid (Bob-A) below is altered in connection with Bob Center, LLS 6".

(1) Parietal Bone - eye's orbitalis muscle

(2) Upper Hip - anal canal, muscularis mucosa

(3) Cx 3
depressor labii inferioris

(4) MC DP4 > DAY 3 BOB-A
triceps brachii, lateral head

(5) T8
rectus capitis posterior major

(6) Mt DP4
flexor digitorum longus

PROCESS FOR ALTERING STRUCTURES
with the following occurances proposed as associated with progress toward optimal functioning

Read boxes from left to right	**Inhalation along given tracts "to" given structures,**	**Likely causes (1) eye tracts to receive spectral energy (with surrogate aid from 6 Exit correspondents*) & intake into**	**And (2) pressure (for alteration) on**	**Exhalation with no collapse of breath tract & structures,**	**Causes (1) pressure (for alteration) on**	**And (2)**	**And (3)**
Day 1 ^ = * see page bottom for each	Superior lacrimal canaliculi "to" Inferior petrosal sinuses,	Medial sesamoid of Mt Ss 1s ^	Lacrimal bones ^^ as well as Middle temporal gyri ^^;	Sup.lac.can. & Inf. petrosal sinuses & 6 Exit correspondents* & Medial Ss of Mt Ss 1s ^ & Lacrimal bones ^^ & Middle temporal gyri ^^,	Medial sesamoid of Mt Ss 1s ^ **And intake into** Lacrimal bones ^^ as well as Middle temporal gyri ^^	Breath "to" Inferior petrosal sinuses to disperse to receiving structures of the brain to serve during inhalation	Exhalation pressure brought to bear on 6 Exit correspondents* to precipitate that which*** will serve possible surrogate, specifically needed spectral energy roles during inhalation; unused "spectral energy" pressure of the breath cycle disperses to Exits**.
Day 2 ^ = * see below for each	Inferior lacrimal canaliculi "to" Cavernous sinuses 4, (+ CN IX - Glossopharyngeal)	As above but for Spleen, subclavian artery, pancreas + 3 others ^	As above but for the Parietal bone ^^;	Inf. lac. can. & Cavernous sinuses 4 & 6 Exit correspondents* & Spleen, etc. ^ & Parietal bone ^^,	Spleen, subclavian artery, pancreas, etc. ^ (+ CN IX) **& intake into** Parietal bone ^^	Breath "to" Cavernous sinuses 4 to disperse to receiving structures of the brain	As above
Day 3 ^ = * see below	Inferior nasal meatus & incisive canal "to" LLS 3,	As above but for LLS 6" ^	As above but for Mc DP4s^^; LLS 6" ^ & Mc DP4s ^^,	Inf. nas. m. & LLS 3 & 6 Exit correspondents* &	LLS 6" ^ **And intake into** Mc DP4s ^^	Breath "to" LLS 3 to disperse to lung part destinations	As above

Note: Maintain alignment of L5**/**pisiform, McSs2**/**incus, McSs1**/**hyoid, MtSs1**/**patella.

v/^ = down/up arrows **Direction** of **Stretch** for **Muscles** on **Front** of **Page** ~ **=** line continuance in this section

conjoined longitudinal (rectum/levator ani) - from top front of internal anus in longitudinal rows around in **v**
levator labii superioris - from under eye's medial section in to lip just below nose's outer limit | 24 hours
triceps brachii, long head - from scapula's upper lateral border at humerus into tendon to olecranon, elbow point
rectus capitis posterior minor - from posterior tubercle of C1 (atlas) to occipital b.'s medial inferior nuchal line
flexor digitorum brevis - from calcaneus (heel) into tendons to Mt MP2-5 | back of internal anus
internal anal sphincter - from area of end of last longitudinal fiber in circling bands with origins back to top **^**
superior rectus of eye - from eyeball's top in to tendinous ring at optic canal's exit from eye socket
triceps brachii, medial head - from olecranon to humerus's lower 1/2 posterior surface / upper medial border
longus capitis - from occipital's inferior basilar part slightly out to C3-C6 transverse processes
flexor digiti minimi brevis - from outer side of Mt PP5's plantar base to area of Mt 5's plantar base
anal canal, muscularis mucosa - rows of oblique fibers fanning from area of last circular fiber's end, at first **v**
depressor labii inferioris - from lateral bottom of chin up to blend medially beneath lip | laterally, then to 1st **~**
triceps brachii, lateral head - from upper posterior humerus into tendon to top of posterior ulna, its olecranon
rectus capitis posterior major - from spinous process of C2 (axis) to occipital b.'s lateral inferior nuchal line
flexor digitorum longus - from central medial posterior tibia to Mt DP2-5 plantar bases | **~**longitudinal fiber end

^ & ^^ **:** ^ is Part 2's "Inroad Channel" (= Center of Gravity) & ^^ is the "Resulting Structure" (= Day's "Bone")

***Exit correspondents associated with Day 1, Day 2 & Day 3 structures are shown below**						**** Exits**
8:52a - 11:16a **|** Eye part 1 **|**	Spleen	Kidney	LLS 3, p.1	LLS 6, p.1	RLS 9, p.1	Urethra
11:16a - 4:04p **|** Eye part 2 **|**	Subclavian Artery	Gallbladder	part 2	part 2	part 2	Armpits
4:04p - 12:52a **|** Eye part 3 **|**	Pancreas	Duodenum	part 3	part 3	part 3	Nipples
12:52a - 7:16a **|** Eye part 4 **|**	Cerebellum 4	Liver	part 4	part 4	part 4	Anus
7:16a - 8:04a **|** Eye part 5 **|**	Cerebrum 15	Lat.Vent**.,** L.B.	part 5	part 5	part 5	Eye
8:04a - 8:52a **|** Eye part 6 **|**	Cranial nerve VII	Nerve T11	part 6	part 6	part 6	Vagina

***** That which is formed is that which is needed to serve in altering organism structures to allow the organism to continually change to accord itself to its constantly altering universe.**

8:52 a.m. 7/2/1939 HUMAN as Bob or Pendulum from Crista Galli as Hook or Pivot for 11/3-11/5/2014

DAY 1 BOB HOOK COMPLEX is Ethmoid/SPHENOID+MAXILLA BONE with breath through Nasolacrimal Duct (N.D.) & Superior Lacrimal Canaliculus to activate the Inferior Petrosal Sinus thereby arranging the INFERIOR TEMPORAL GYRUS to align OUTER HAIR CELLS OF THE COCHLEA to form Lens, "muscles" are the lower, lateral quadrant 3-member set (46-48) of 3 equatorial zonular fibers per set.

DAY 2 BOB-A is OCCIPITAL/Pelvic Hip BONE with 2nd component of breath through N.D. & Inferior Lacrimal Canaliculus to activate Cavernous Sinus 4 thereby arranging VESTIBULOCOCHLEAR NERVE (C.N. VIII) to continue proper gyrus function, muscles are the dilator, sphincter and orbitalis of the eye.

DAY 3 BOB HOOK COMPLEX AID (BOB-A) is Cx 4/HAMATE with 3rd component of breath through Inferior Nasal Meatus & Incisive Canal to activate LLS 3 thereby arranging SPINAL NERVE 16 (T12 Spinal Nerve) to continue proper gyrus function, muscles are as shown.

In order for the above described Bob Hook Complex to approach optimal function, there can be no mis-alignment of its associated bone, muscle and organ structures. In the lower set of boxed columns below, preceded in the upper set by the enabling breath tracts, and aligned to the 6 spectral energy time intervals in 24 hours at left, are the 6 spectral energy associated structures as correlated with each numbered bone further below in the dated boxes. The 3 dated boxes then show the associated bone scaffold for Hamate with the muscles for each bone of the scaffold changing through the 3 dates to provide on-going bone adjustment.

TIME INTERVALS corresponding to the 6 periods in 24 hours in which energy need evolved from possible available ranges of spectral energy from radio to gamma rays:	1 Breath thru nasolacrimal duct into inferior lacrimal canaliculus to activate cavernous sinus 4 & Eye Apparatus:	2 Breath through Eustacean tube to activate tympanic cells and the	3 Breath through Eustacean tube to activate saccule of the ear and the	4 Breath through inferior nasal meatus & incisive canal to activate LLS 3:	5 Breath through middle nasal meatus & incisive canal to activate LLS 6:	6 Breath through superior nasal meatus & incisive canal to activate RLS 9:	EXIT ROUTES for unincor-porated wave lengths of spectral energy:
8:52am-11:16am >	Part 1 <lymph>	Spleen	Kidney	Part 1	Part 1	Part 1	urethra
11:16am-4:04pm >	Part 2 <blood>	Subclavian Artery	Gallbladder	Part 2	Part 2	Part 2	armpits
4:04pm-12:52am >	Part 3<hormone>	Pancreas	Duodenum	Part 3	Part 3	Part 3	nipples
12:52am-7:16am >	Part 4 <DNA>	Cerebellum 4	Liver	Part 4	Part 4	Part 4	anus
7:16am-8:04am >	Part 5 <RNA>	Cerebrum 16	Lat.Vent., L.B.	Part 5	Part 5	Part 5	eye
8:04am-8:52am >	Part 6 <protein>	Cranial Nerve VIII	Nerve T12	Part 6	Part 6	Part 6	vagina

11/3/2014 DAY 1 BOB HOOK COMPLEX above is altered in connection with Bob Center, L5 (by way of balanced, full Mt Ss 1), through aegis of Inferior Temporal Gyrus.

Associated bones/muscles are (1) Occipital Bone - eye's dilator muscle

(2) Pelvic Hip - corrugator cutis ani /conjoined longitudinal

(3) Cx 4
lateral pterygoid, inferior head

(4) Hamate
coracobrachialis

(5) Rib 8
semispinalis capitis, medial

(6) Cuboid
biceps femoris, short head

11/4/2014 Day 2 Bob Hook Complex Aid (Bob-A) below is altered in connection with Bob-Center, L3 (by way of Mastoid Cells), in conjunction with Cranial Nerve X (Vagus).

DAY 2 BOB-A > (1) OCCIPITAL BONE - eye's sphincter muscle

Associated bones/muscles are (2) Pelvic Hip - external anal sphincter

(3) Cx 4
medial pterygoid

(4) Hamate
abductor pollicis longus

(5) Rib 8
splenius capitis

(6) Cuboid
quadratus femoris

11/5/2014 Day 3 Bob Hook Complex Aid below is altered in connection with Bob Center, RLS 5".

(1) Occipital Bone - eye's orbitalis muscle

(2) Pelvic Hip - levator ani

(3) Cx 4
lateral pterygoid, superior head

(4) HAMATE > DAY 3 BOB-A
brachialis

(5) Rib 8
semispinalis capitis, lateral

(6) Cuboid
biceps femoris, long head

PROCESS FOR ALTERING STRUCTURES
with the following occurances proposed as associated with progress toward optimal functioning

Read boxes from left to right	**Inhalation along given tracts "to" given structures,**	**Likely causes (1) eye tracts to receive spectral energy (with surrogate aid from 6 Exit correspondents*) & intake into** L5 ^	**And (2) pressure (for alteration) on**	**Exhalation with no collapse of breath tract & structures,**	**Causes (1) pressure (for alteration) on** L5 ^ **And intake into**	**And (2)** Breath "to" Inferior petrosal sinuses to disperse to receiving structures of the brain to serve during inhalation	**And (3)** Exhalation pressure brought to bear on 6 Exit correspondents* to precipitate that which*** will serve possible surrogate, specifically needed spectral energy roles during inhalation**;** unused "spectral energy" pressure of the breath cycle disperses to Exits**.
Day 1 ^ = * see page bottom for each	Superior lacrimal canaliculi "to" Inferior petrosal sinuses**,**		Maxilla bone ^^ as well as Inferior temporal gyri ^^**;**	Sup.lac.can. & Inf. petrosal sinuses & 6 Exit correspondents* & L5 ^ & Maxilla bone ^^ & Inferior temporal gyri ^^**,**	Maxilla bone ^^ as well as Inferior temporal gyri ^^		
Day 2 ^ = * see below for each	Inferior lacrimal canaliculi "to" Cavernous sinuses 4**,**	As above but for L3 ^ (+ CN X, i.e. Cranial nerve X, Vagus)	As above but for the Occipital bone ^^**;**	Inf. lac. can. & Cavernous sinuses 4 & 6 Exit correspondents* & L3 ^ (+ CN X) & Occipital bone ^^**,**	L3 ^ (+ CN X) **And intake into** Occipital bone ^^	Breath "to" Cavernous sinuses 4 to disperse to receiving structures of the brain	As above
Day 3 ^ = * see below	Inferior nasal meatus & incisive canal "to" LLS 3**,**	As above but for RLS 5" ^	As above but for Hamates ^^**;** RLS 5" ^ & Hamates ^^**,**	Inf. nas. m. & LLS 3 & 6 Exit correspondents* &	RLS 5" ^ **And intake into** Hamates ^^	Breath "to" LLS 3 to disperse to lung part destinations	As above

Note: Maintain alignment of L5**/**pisiform, McSs2**/**incus, McSs1**/**hyoid, MtSs1**/**patella.

Direction of **Stretch** for **Muscles** on **Front** of **Page**

around internal anal sphincter musculature
corrugator cutis ani /conjoined longitudinal - from front intersphincteric groove in outward, upward rows **^**
lateral pterygoid, inferior head - from upper lateral sphenoid's lateral pterygoid plate to condyle's neck's area
coracobrachialis - from scapula's corocoid process to humerus's medial surface at its middle
semispinalis capitis, medial - from T6-T1, C7 transverse proc. to medial occipital bone between nuchal lines
biceps femoris, short head - from posterior lower 1/2 femur, lateral to center, to lateral side of head of fibula

external anal sphincter - from last corrugator cutis ani fiber end in downward bands around internal anus
medial pterygoid - from mandible's angle/ramus to inside sphenoid's lateral pterygoid plate by its sinus
abductor pollicis longus - from top back Mc 1 to posterior mid-radius across membrane & up lower mid-ulna
splenius capitis -from mastoid proc.& far lateral occipital b. to ligumentum above C7& C7/T1-T4 spinous proc.
quadratus femoris - from greater trochanter mid-back edge to ishial tuberosity lateral juncture at ischium body

levator ani - rows from area of first corrugator cutis ani fiber origin, rows curving to levator's tendinous arch
lateral pterygoid, superior head - from lower lateral sphenoid bone's greater wing to area of neck of condyle
brachialis - from lower 1/2 of anterior humerus to ulna's anterior top, i.e. coronoid process & tuberosity
semispinalis capitis, lateral - from T6-T1 & C7 transverse proc. to lateral occipital bone between nuchal lines
biceps femoris, long head - from middle portion of posterior ishial tuberosity to lateral side of head of fibula

^ & ^^ **:** ^ is Part 2's "Inroad Channel" (= Center of Gravity) & ^^ is the "Resulting Structure" (= Day's "Bone")

***Exit correspondents associated with Day 1, Day 2 & Day 3 structures are shown below**						**** Exits**
8:52a - 11:16a **|** Eye part 1 **|**	Spleen	Kidney	LLS 3, p.1	LLS 6, p.1	RLS 9, p.1	Urethra
11:16a - 4:04p **|** Eye part 2 **|**	Subclavian Artery	Gallbladder	part 2	part 2	part 2	Armpits
4:04p - 12:52a **|** Eye part 3 **|**	Pancreas	Duodenum	part 3	part 3	part 3	Nipples
12:52a - 7:16a **|** Eye part 4 **|**	Cerebellum 4	Liver	part 4	part 4	part 4	Anus
7:16a - 8:04a **|** Eye part 5 **|**	Cerebrum 16	Lat.Vent**.,** L.B.	part 5	part 5	part 5	Eye
8:04a - 8:52a **|** Eye part 6 **|**	Cranial nerve VIII	Nerve T12	part 6	part 6	part 6	Vagina

***** That which is formed is that which is needed to serve in altering organism structures to allow the organism to continually change to accord itself to its constantly altering universe.**

8:52 a.m. 7/2/1939 HUMAN as Bob or Pendulum from Crista Galli as Hook or Pivot for 11/6 - 11/8/2014

DAY 1 BOB HOOK COMPLEX is ETHMOID+LAT. MT SS/Sphenoid BONE with breath through Nasolacrimal Duct (N.D.) & Superior Lacrimal Canaliculus to activate the Superior Sagittal Sinus thereby arranging the ANGULAR GYRUS to align PRIMARY OLFACTORY SYSTEM to form Lens,
"muscles" are the lower, lateral quadrant 3-member set (49-51) of 3 equatorial zonular fibers per set.

DAY 2 BOB-A is PARIETAL/Stapes BONE with 2nd component of breath through N.D. & Inferior Lacrimal Canaliculus to activate Cavernous Sinus 5 thereby arranging GLOSSOPHARYNGEAL NERVE (C.N. IX) to continue proper gyrus function, muscles are the dilator, sphincter and orbitalis of the eye.

DAY 3 BOB HOOK COMPLEX AID (BOB-A) is L1/MC 3 with 3rd component of breath through Inferior Nasal Meatus & Incisive Canal to activate RLS 3 thereby arranging SPINAL NERVE 17 (L1 Spinal Nerve) to continue proper gyrus function, muscles are as shown.

In order for the above described Bob Hook Complex to approach optimal function, there can be no mis-alignment of its associated bone, muscle and organ structures. In the lower set of boxed columns below, preceded in the upper set by the enabling breath tracts, and aligned to the 6 spectral energy time intervals in 24 hours at left, are the 6 spectral energy associated structures as correlated with each numbered bone further below in the dated boxes. The 3 dated boxes then show the associated bone scaffold for Mc 3 with the muscles for each bone of the scaffold changing through the 3 dates to provide on-going bone adjustment.

TIME INTERVALS corresponding to the 6 periods in 24 hours in which energy need evolved from possible available ranges of spectral energy from radio to gamma rays:	1 Breath thru nasolacrimal duct into inferior lacrimal canaliculus to activate cavernous sinus 5 & Eye Apparatus:	2 Breath through superior nasal meatus to activate sphenoid sinus and the	3 Breath through Eustacean tube to activate cochlea's outer hair cells and the	4 Breath through inferior nasal meatus & incisive canal to activate RLS 3:	5 Breath through middle nasal meatus & incisive canal to activate RLS 6:	6 Breath through superior nasal meatus & incisive canal to activate LLS 10:	EXIT ROUTES for unincor-porated wave lengths of spectral energy:
8:52am-11:16am >	Part 1 <lymph>	Thymus	Kidney	Part 1	Part 1	Part 1	urethra
11:16am-4:04pm >	Part 2 <blood>	Celiac Trunk	Gallbladder	Part 2	Part 2	Part 2	armpits
4:04pm-12:52am >	Pt. 3<hormone>	Suprarenal Gland	Duodenum	Part 3	Part 3	Part 3	nipples
12:52am-7:16am >	Part 4 <DNA>	Cerebellum 5	Liver	Part 4	Part 4	Part 4	anus
7:16am-8:04am >	Part 5 <RNA>	Cerebrum 17	3rd Ventricle	Part 5	Part 5	Part 5	eye
8:04am-8:52am >	Part 6 <protein>	Cranial Nerve IX	Nerve L1	Part 6	Part 6	Part 6	vagina

11/6/2014 DAY 1 BOB HOOK COMPLEX above is altered in connection with Bob Center, Upper Canine (by way of balanced, full Mt Ss 1), through aegis of the Angular Gyrus.

Associated bones/muscles are (1) Parietal Bone - eye's dilator muscle
(2) Stapes - internal oblique abdominus & cremaster
(3) L1 zygomaticus minor
(4) Mc 3 adductor pollicis, oblique head
(5) T9 palatopharyngeus
(6) Mt 3 vastus medialis

11/7/2014 Day 2 Bob-A below is altered in connection with Bob-Center, Nasal Bone's overseen Series of Soft Tissue Structure (by way of Mastoid Cells) in conjunction with Cranial Nerve IX (Glossopharyngeal).

DAY 2 BOB-A > (1) PARIETAL BONE - eye's sphincter muscle
Associated bones/muscles are (2) Stapes - rectus abdominus, 1st part
(3) L1 helicis minor
(4) Mc 3 abductor pollicis brevis
(5) T9 inferior pharyngeal constrictor
(6) Mt 3 vastus intermedius

11/8/2014 Day 3 Bob Hook Complex Aid (Bob-A) below is altered in connection with Bob Center, LLS 5".

(1) Parietal Bone - eye's orbitalis muscle
(2) Stapes - external oblique abdominus
(3) L1 zygomaticus major
(4) MC 3 > DAY 3 BOB-A adductor pollicis, transverse head
(5) T9 stylopharyngeus
(6) Mt 3 vastus lateralis

PROCESS FOR ALTERING STRUCTURES
with the following occurances proposed as associated with progress toward optimal functioning

Read boxes from left to right	**Inhalation along given tracts "to" given structures,**	**Likely causes (1) eye tracts to receive spectral energy (with surrogate aid from 6 Exit correspondents*) & intake into**	**And (2) pressure (for alteration) on**	**Exhalation with no collapse of breath tract & structures,**	**Causes (1) pressure (for alteration) on**	**And (2)**	**And (3)**
Day 1 ^ = * see page bottom for each	Superior lacrimal canaliculi "to" Superior sagittal sinuses**,**	Upper canines ^	Lateral sesamoid of Mt Ss 1s^^ as well as Angular gyri ^^**;** Lateral sesamoid of Mt Ss 1s^^ & Angular gyri^^**,**	Sup. lac. can. & Superior sagittal sinuses & 6 Exit correspondents* & Upper canines ^ &	Upper canines ^ **And intake into** Lateral sesamoid of Mt Ss 1s ^^ as well as Angular gyri ^^	Breath "to" Superior sagittal sinuses to disperse to receiving structures of the brain to serve during inhalation	Exhalation pressure brought to bear on 6 Exit correspondents* to precipitate that which*** will serve possible surrogate, specifically needed spectral energy roles during inhalation**;** unused "spectral energy" pressure of the breath cycle disperses to Exits**.
Day 2 ^ = * see below for each	Inferior lacrimal canaliculi "to" Cavernous sinuses 5**,** (+ CN IX - Glossopharyngeal)	As above but for Spleen, subclavian artery, pancreas + 3 others ^	As above but for the Parietal bone ^^**;**	Inf. lac. can. & Cavernous sinuses 5 & 6 Exit correspondents* & Spleen, etc.^ & Parietal bone ^^**,**	Spleen, subclavian artery, pancreas, etc. ^ (+ CN IX) **& intake into** Parietal bone ^^	Breath "to" Cavernous sinuses 5 to disperse to receiving structures of the brain	As above
Day 3 ^ = * see below	Inferior nasal meatus & incisive canal "to" RLS 3**,**	As above but for LLS 5" ^	As above but for Mc 3s ^^**;** LLS 5" ^ & Mc 3s ^^**,**	Inf. nas. m. & RLS 3 & 6 Exit correspondents* &	LLS 5" ^ **And intake into** Mc 3s ^^	Breath "to" RLS 3 to disperse to lung part destinations	As above

Note: Maintain alignment of L5**/**pisiform, McSs2**/**incus, McSs1**/**hyoid, MtSs1**/**patella.

v = down arrows **Direction** of **Stretch** for **Muscles** on **Front** of **Page**

internal oblique abdominus & cremaster - from above posterior iliac crest, crest & lateral inguinal ligament **v**
zygomaticus minor - closer in paralleling zygomaticus major up to posterior lower ribs & around to linea alba
adductor pollicis, oblique head - from capitate & from Mc 3 & Mc 2 bases to medial base of Mc PP1
palatopharyngeus - from the soft palate to lateral pharyngeal wall and posterior border of thyroid cartilage
vastus medialis - from band all along & in from femur's posterior medial edge into quadriceps femoris tendon

rectus abdominus, 1st part - upward from 2nd part to area of xiphoid & 5th costal cartilage, fiber progress **v**
helicis minor - from along outer crus of helix inward to inner extent of crus inward in 24 hours
abductor pollicis brevis - from dorsally around Mc PP1's lateral base to hand's below-thumb anterior side pad
inferior pharyngeal constrictor - from pharyngeal raphe down to oblique line of thyroid cartilage
vastus intermedius - from quadriceps femoris tendon as swath up femur to anterior & posterior lateral sides

external oblique abdominus - from front body of ribs 12-5 down toward linea alba/iliac crest, fiber progress **v**
zygomaticus major - from zygomatic bone near ear to mouth's upper angle upward in 24 hours
adductor pollicis, transverse head - from palmar Mc 3 to medial base of Mc PP1, top muscle joining thumb **v**
stylopharyngeus - from styloid process to lateral pharynx between top 2 pharyngeal constrictors to hand
vastus lateralis - from band all along femur's posterior inner lateral side around to quadriceps femoris tendon

^ & ^^ **:** ^ is Part 2's "Inroad Channel" (= Center of Gravity) & ^^ is the "Resulting Structure" (= Day's "Bone")

***Exit correspondents associated with Day 1, Day 2 & Day 3 structures are shown below**						**** Exits**
8:52a - 11:16a **|** Eye part 1 **|**	Thymus	Kidney	RLS 3, p.1	RLS 6, p.1	LLS 10,p.1	Urethra
11:16a - 4:04p **|** Eye part 2 **|**	Celiac Trunk	Gallbladder	part 2	part 2	part 2	Armpits
4:04p - 12:52a **|** Eye part 3 **|**	Suprarenal Gland	Duodenum	part 3	part 3	part 3	Nipples
12:52a - 7:16a **|** Eye part 4 **|**	Cerebellum 5	Liver	part 4	part 4	part 4	Anus
7:16a - 8:04a **|** Eye part 5 **|**	Cerebrum 17	3rd Ventricle	part 5	part 5	part 5	Eye
8:04a - 8:52a **|** Eye part 6 **|**	Cranial nerve IX	Nerve L1	part 6	part 6	part 6	Vagina

***** That which is formed is that which is needed to serve in altering organism structures to allow the organism to continually change to accord itself to its constantly altering universe.**

8:52 a.m. 7/2/1939 HUMAN as Bob or Pendulum from Crista Galli as Hook or Pivot for 11/9 -11/11/2014

DAY 1 BOB HOOK COMPLEX is Ethmoid/SPHENOID+MED. MT SS BONE with breath through Nasolacrimal Duct (N.D.) & Superior Lacrimal Canaliculus to activate the Superior Sagittal Sinus thereby arranging the LATERAL OCCIPITOTEMPORAL GYRUS to align PRIMARY OLFACTORY SYSTEM to form Lens, "muscles" are the lower, lateral quadrant 3-member set (52-54) of 3 equatorial zonular fibers per set.

DAY 2 BOB HOOK COMPLEX AID is OCCIPITAL/Hyoid BONE with 2nd component of breath through N.D. & Inferior Lacrimal Canaliculus to activate Cavernous Sinus 5 thereby arranging VAGUS NERVE (C.N. X) to continue proper gyrus function, muscles are the dilator, sphincter and orbitalis of the eye.

DAY 3 BOB HOOK COMPLEX AID (BOB-A) is L2/TRAPEZIUM with 3rd component of breath through Inferior Nasal Meatus & Incisive Canal to activate RLS 3 thereby arranging SPINAL NERVE 18 (L2 Spinal Nerve) to continue proper gyrus function, muscles are as shown.

In order for the above described Bob Hook Complex to approach optimal function, there can be no misalignment of its associated bone, muscle and organ structures. In the lower set of boxed columns below, preceded in the upper set by the enabling breath tracts, and aligned to the 6 spectral energy time intervals in 24 hours at left, are the 6 spectral energy associated structures as correlated with each numbered bone further below in the dated boxes. The 3 dated boxes then show the associated bone scaffold for the Trapezium with the muscles for each bone of the scaffold changing through the 3 dates to provide on-going bone adjustment.

TIME INTERVALS	1	2	3	4	5	6	EXIT
corresponding to the 6 periods in 24 hours in which energy need evolved from possible available ranges of spectral energy from radio to gamma rays:	Breath thru nasolacrimal duct into inferior lacrimal canaliculus to activate cavernous sinus 5 & Eye Apparatus:	Breath through superior nasal meatus to activate sphenoid sinus and the	Breath through Eustacean tube to activate cochlea's outer hair cells and the	Breath through inferior nasal meatus & incisive canal to activate RLS 3:	Breath through middle nasal meatus & incisive canal to activate RLS 6:	Breath through superior nasal meatus & incisive canal to activate LLS 10:	ROUTES for unincorporated wave lengths of spectral energy:
8:52am-11:16am >	Part 1 <lymph>	Thymus	Kidney	Part 1	Part 1	Part 1	urethra
11:16am-4:04pm >	Part 2 <blood>	Celiac Trunk	Gallbladder	Part 2	Part 2	Part 2	armpits
4:04pm-12:52am >	Pt. 3<hormone>	Suprarenal Gland	Duodenum	Part 3	Part 3	Part 3	nipples
12:52am-7:16am >	Part 4 <DNA>	Cerebellum 5	Liver	Part 4	Part 4	Part 4	anus
7:16am-8:04am >	Part 5 <RNA>	Cerebrum 18	3rd Ventricle	Part 5	Part 5	Part 5	eye
8:04am-8:52am >	Part 6 <protein>	Cranial Nerve X	Nerve L2	Part 6	Part 6	Part 6	vagina

11/9/2014 DAY 1 BOB HOOK COMPLEX above is altered in connection with Bob Center, Lower Canine (by way of balanced, full Mt Ss 1), through aegis of the Lateral Occipitotemporal Gyrus.

Associated bones/muscles are (1) Occipital Bone - eye's dilator muscle
(2) Hyoid - transversus thoracis
(3) L2
deep masseter
(4) Trapezium
opponens pollicis
(5) Rib 9
cricothyroid, oblique part
(6) Cuneiform Medial
semitendinosus

11/10/2014 Day 2 Bob Hook Complex Aid (Bob-A) below is altered in connection with Bob-Center, L3 (by way of Mastoid Cells), in conjunction with Cranial Nerve X (Vagus).

DAY 2 BOB-A > (1) OCCIPITAL BONE - eye's sphincter muscle
Associated bones/muscles are (2) Hyoid - rectus abdominus, 2nd part
(3) L2
temporalis
(4) Trapezium
palmaris brevis
(5) Rib 9
cricopharyngeus
(6) Cuneiform Medial
articularis genu

11/11/2014 Day 3 Bob Hook Complex Aid below is altered in connection with Bob Center, RLS 4".

(1) Occipital Bone - eye's orbitalis muscle
(2) Hyoid - transversus abdominus
(3) L2
superficial masseter
(4) TRAPEZIUM > DAY 3 BOB-A
opponens digiti minimi
(5) Rib 9
cricothyroid, straight part
(6) Cuneiform Medial
semimembranosus

PROCESS FOR ALTERING STRUCTURES
with the following occurances proposed as associated with progress toward optimal functioning

Read boxes from left to right	**Inhalation along given tracts "to" given structures,**	**Likely causes (1) eye tracts to receive spectral energy (with surrogate aid from 6 Exit correspondents*) & intake into**	**And (2) pressure (for alteration) on**	**Exhalation with no collapse of breath tract & structures,**	**Causes (1) pressure (for alteration) on**	**And (2)**	**And (3)**
Day 1 ^ = * see page bottom for each	Superior lacrimal canaliculi "to" Superior sagittal sinuses,	Lower canines ^	Medial sesamoid of Mt Ss 1s^^ as well as Lateral occipitotemporal gyri^^;	Sup. lac. can. & Sup. sag. sinuses & 6 Exit correspondents* & Lower canines^ & Medial sesamoid of MtSs1s^^ & Lat. occipitotemporal gyri^^,	Lower canines ^ **And intake into** Medial sesamoid of MtSs1s^^ as well as Lat. occipitotemporal gyri ^^	Breath "to" Superior sagittal sinuses to disperse to receiving structures of the brain to serve during inhalation	Exhalation pressure brought to bear on 6 Exit correspondents* to precipitate that which*** will serve possible surrogate, specifically needed spectral energy roles during inhalation; unused "spectral energy" pressure of the breath cycle disperses to Exits**.
Day 2 ^ = * see below for each	Inferior lacrimal canaliculi "to" Cavernous sinuses 5,	As above but for L3 ^ (+ CN X, i.e. Cranial nerve X, Vagus)	As above but for the Occipital bone ^^;	Inf. lac. can. & Cavernous sinuses 5 & 6 Exit correspondents* & L3 ^ (+ CN X) & Occipital bone ^^,	L3 ^ (+ CN X) **And intake into** Occipital bone ^^	Breath "to" Cavernous sinuses 5 to disperse to receiving structures of the brain	As above
Day 3 ^ = * see below	Inferior nasal meatus & incisive canal "to" RLS 3,	As above but for RLS 4" ^	As above but for Trapeziums ^^;	Inf. nas. m. & RLS 3 & 6 Exit correspondents* & RLS 4" ^ & Trapeziums ^^,	RLS 4" ^ **& intake into** Trapeziums ^^	Breath "to" RLS 3 to disperse to lung part destinations	As above

Note: Maintain alignment of L5**/**pisiform, McSs2**/**incus, McSs1**/**hyoid, MtSs1**/**patella.

v = down arrow **Direction** of **Stretch** for **Muscles** on **Front** of **Page**

transversus thoracis - from 2nd-6th costal cartilages down to area of xiphoid/sternum, fiber progress down **v**
deep masseter - from zygomatic arch to down along anterior ramus of mandible in 24 hrs.
opponens pollicis - from flexor retinaculum/scaphoid/trapezium out & under to length of Mc 1 outer border
cricothyroid, oblique part - lateral from straight part (see below) to inner thyroid cartilage behind oblique line
semitendinosus - from mid-portion of posterior ishial tuberosity to medial upper tibia below gracilis insertion

rectus abdominus, 2nd part - up from 3rd part to bottom of 1st part, between lower rib drop, fiber progress **v**
temporalis - from all along side of head down to coronoid process inward
palmaris brevis - from hand's outer edge beyond pisiform to flexor retinaculum & palmar aponeurosis
cricopharyngeus - from area below pharyngeal raphe & above esophageal muscle to cricoid cartilage's side
articularis genu - from synovial bursa above patella to above lowest part of anterior femur for short distance

transversus abdominus - from area out from lower spine straight around toward linea alba, fiber progress up **v**
superficial masseter - from maxilla under zygomatic bone to coronoid process & anterior ramus in 24 hrs.
opponens digiti minimi - from upper flexor retinaculum & hook of hamate up & under to lateral Mc 5
cricothyroid, straight part - from front of cricoid cartilage up to inside bottom border of thyroid cartilage
semimembranosus - from ishial tuberosity lateral to semitendinosus to band at tibia's posterior medial top

^ & ^^ **:** ^ is Part 2's "Inroad Channel" (= Center of Gravity) & ^^ is the "Resulting Structure" (= Day's "Bone")

***Exit correspondents associated with Day 1, Day 2 & Day 3 structures are shown below**					**** Exits**
8:52a - 11:16a **|** Eye part 1 **|**	Thymus	Kidney	RLS 3, p.1	RLS 6, p.1	LLS 10,p.1	Urethra
11:16a - 4:04p **|** Eye part 2 **|**	Celiac Trunk	Gallbladder	part 2	part 2	part 2	Armpits
4:04p - 12:52a **|** Eye part 3 **|**	Suprarenal Gland	Duodenum	part 3	part 3	part 3	Nipples
12:52a - 7:16a **|** Eye part 4 **|**	Cerebellum 5	Liver	part 4	part 4	part 4	Anus
7:16a - 8:04a **|** Eye part 5 **|**	Cerebrum 18	3rd Ventricle	part 5	part 5	part 5	Eye
8:04a - 8:52a **|** Eye part 6 **|**	Cranial nerve X	Nerve L2	part 6	part 6	part 6	Vagina

***** That which is formed is that which is needed to serve in altering organism structures to allow the organism to continually change to accord itself to its constantly altering universe.**

8:52 a.m. 7/2/1939 HUMAN as Bob or Pendulum from Crista Galli as Hook or Pivot for 11/12-11/14/2014

DAY 1 BOB HOOK COMPLEX is ETHMOID+LAT. MT SS/Sphenoid BONE with breath through Nasolacrimal Duct (N.D.) & Superior Lacrimal Canaliculus to activate the Superior Sagittal Sinus thereby arranging the MEDIAL OCCIPITEMPORAL GYRUS to align UPPER LAYER, SECONDARY OLFACTORY SYSTEM to form Lens, "muscles" are the inferior-most 3-member set (55-57) of 3 equatorial zonular fibers per set.

DAY 2 BOB-A is PARIETAL/Femur BONE with 2nd component of breath through N.D. & Inferior Lacrimal Canaliculus to activate Cavernous Sinus 5 thereby arranging GLOSSOPHARYNGEAL NERVE (C.N. IX) to continue proper gyrus function, muscles are the dilator, sphincter and orbitalis of the eye.

DAY 3 BOB HOOK COMPLEX AID (BOB-A) is L3/MC PP3 with 3rd component of breath through Inferior Nasal Meatus & Incisive Canal to activate RLS 3 thereby arranging SPINAL NERVE 19 (L3 Spinal Nerve) to continue proper gyrus function, muscles are as shown.

In order for the above described Bob Hook Complex to approach optimal function, there can be no mis-alignment of its associated bone, muscle and organ structures. In the lower set of boxed columns below, preceded in the upper set by the enabling breath tracts, and aligned to the 6 spectral energy time intervals in 24 hours at left, are the 6 spectral energy associated structures as correlated with each numbered bone further below in the dated boxes. The 3 dated boxes then show the associated bone scaffold for Mc PP3 with the muscles for each bone of the scaffold changing through the 3 dates to provide on-going bone adjustment.

TIME INTERVALS	1	2	3	4	5	6	EXIT
corresponding to the 6 periods in 24 hours in which energy need evolved from possible available ranges of spectral energy from radio to gamma rays:	Breath thru nasolacrimal duct into inferior lacrimal canaliculus to activate cavernous sinus 5 & Eye Apparatus:	Breath through superior nasal meatus to activate sphenoid sinus and the	Breath through Eustacean tube to activate cochlea's outer hair cells and the	Breath through inferior nasal meatus & incisive canal to activate RLS 3:	Breath through middle nasal meatus & incisive canal to activate RLS 6:	Breath through superior nasal meatus & incisive canal to activate LLS 10:	ROUTES for unincor-porated wave lengths of spectral energy:
8:52am-11:16am >	Part 1 <lymph>	Thymus	Kidney	Part 1	Part 1	Part 1	urethra
11:16am-4:04pm >	Part 2 <blood>	Celiac Trunk	Gallbladder	Part 2	Part 2	Part 2	armpits
4:04pm-12:52am >	Pt. 3<hormone>	Suprarenal Gland	Duodenum	Part 3	Part 3	Part 3	nipples
12:52am-7:16am >	Part 4 <DNA>	Cerebellum 5	Liver	Part 4	Part 4	Part 4	anus
7:16am-8:04am >	Part 5 <RNA>	Cerebrum 19	3rd Ventricle	Part 5	Part 5	Part 5	eye
8:04am-8:52am >	Part 6 <protein>	Cranial Nerve IX	Nerve L3	Part 6	Part 6	Part 6	vagina

11/12/2014 DAY 1 BOB HOOK COMPLEX above is altered in connection with Bob Center, Upper Lateral Incisor, (by way of balanced, full Mt Ss 1), through aegis of the Medial Occipitotemporal Gyrus.

Associated bones/muscles are (1) Parietal Bone - eye's dilator muscle
(2) Femur - serratus anterior, upper part

(3) L3
tragicus

(4) Mc PP3
flexor pollicis brevis

(5) T10
orbicularis oris, deep fibers

(6) Mt PP3
iliacus

11/13/2014 Day 2 Bob-A below is altered in connection with Bob-Center, Nasal Bone's overseen Series of Soft Tissue Structure (by way of Mastoid Cells) in conjunction with Cranial Nerve IX (Glossopharyngeal).

DAY 2 BOB-A > (1) PARIETAL BONE - eye's sphincter muscle
Associated bones/muscles are (2) Femur - rectus abdominus, 3rd part

(3) L3
helicis major

(4) Mc PP3
abductor digiti minimi

(5) T10
superior pharyngeal constrictor

(6) Mt PP3
psoas

11/14/2014 Day 3 Bob Hook Complex Aid (Bob-A) below is altered in connection with Bob Center, LLS 4".

(1) Parietal Bone - eye's orbitalis muscle
(2) Femur - serratus anterior, lower part

(3) L3
antitragicus

(4) MC PP3 > DAY 3 BOB-A
flexor digiti minimi brevis

(5) T10
buccinator

(6) Mt PP3
quadratus lumborum

PROCESS FOR ALTERING STRUCTURES
with the following occurances proposed as associated with progress toward optimal functioning

Read boxes from left to right	**Inhalation along given tracts "to" given structures,**	**Likely causes (1) eye tracts to receive spectral energy (with surrogate aid from 6 Exit correspondents*) & intake into**	**And (2) pressure (for alteration) on**	**Exhalation with no collapse of breath tract & structures,**	**Causes (1) pressure (for alteration) on**	**And (2)**	**And (3)**
Day 1 ^ = * see page bottom for each	Superior lacrimal canaliculi "to" Superior sagittal sinuses**,**	Upper lateral incisors ^	Lateral sesamoid of Mt Ss 1s^^ as well as Medial occipitotemporal gyri^^**;**	Sup. lac. can. & Sup. sag. si. & 6 Exit correspondents* & Upper lateral incisors ^ & Lateral sesamoid of MtSs1s^^ & Med. occipitotemporal gyri ^^**,**	Upper lateral incisors ^ **And intake into** Lateral sesamoid of MtSs1s^^ as well as Med. occipitotemporal gyri ^^	Breath "to" Superior sagittal sinuses to disperse to receiving structures of the brain to serve during inhalation	Exhalation pressure brought to bear on 6 Exit correspondents* to precipitate that which*** will serve possible surrogate, specifically needed spectral energy roles during inhalation**;** unused "spectral energy" pressure of the breath cycle disperses to Exits**.
Day 2 ^ = * see below for each	Inferior lacrimal canaliculi "to" Cavernous sinuses 5**,**	As above but for Spleen, subclavian artery, pancreas + 3 others ^ (+ CN IX - Glossopharyngeal)	As above but for the Parietal bone ^^**;**	Inf. lac. can. & Cavernous sinuses 5 & 6 Exit correspondents* & Spleen, etc.^ & Parietal bone ^^**,**	Spleen, subclavian artery, pancreas, etc. ^ (+ CN IX) **& intake into** Parietal bone ^^	Breath "to" Cavernous sinuses 5 to disperse to receiving structures of the brain	As above
Day 3 ^ = * see below	Inferior nasal meatus & incisive canal "to" RLS 3**,**	As above but for LLS 4" ^	As above but for Mc PP3s^^**;** LLS 4" ^ & Mc PP3s ^^**,**	Inf. nas. m. & RLS 3 & 6 Exit correspondents* &	LLS 4" ^ **And intake into** Mc PP3s ^^	Breath "to" RLS 3 to disperse to lung part destinations	As above

Note: Maintain alignment of L5**/**pisiform, McSs2**/**incus, McSs1**/**hyoid, MtSs1**/**patella.

v = down arrow **Direction** of **Stretch** for **Muscles** on **Front** of **Page**

serratus anterior, upper part - from front bodies of ribs 2-1 to superior border and/or angle of scapula, fiber **v** progress upward thru 24 hours
tragicus - from ear's lower notch toward upper notch
flexor pollicis brevis - from flexor retinaculum & capitate, trapezium & trapezoid to outside base of Mc PP1
orbicularis oris, deep fibers - underlying intrinsic fibers around mouth to medial lower lip, outer fibers first
iliacus - from anterior iliac crest down fossa to lesser trochanter at inner top of femur

rectus abdominus, 3rd part - from just above navel at top of 4th part up to bottom of 2nd part, fiber progress **v** inward in 24 hours
helicis major - from along front of helix down to notch above the tragus
abductor digiti minimi - from outside base of Mc PP5 to pisiform / flexor carpi ulnaris tendon along outer hand
superior pharyngeal constrictor**-**from pharyngeal raphe top to pterygoid hamulus**,** pterygomandibular & **v** mylohyoid raphes & tongue
psoas - from lesser trochanter at inner top of femur up to L4-L1 and T12

serratus anterior, lower part -from front bodies of ribs 9-2 to front medial border and angles (tips) of scapula **v** with fiber progress upward through 24 hours
antitragicus - from ear's lower notch back along antihelix
flexor digiti minimi brevis - from front lateral forward hamate (hamulus) & flexor retinaculum to Mc PP5 base
buccinator - from pterygomandibular raphe/lateral alveolar processes to blend in lip fibers & cross at mouth angles
quadratus lumborum - from medial 1/2 of 12th rib & lumbar transverse processes down to medial iliac crest

^ & ^^ **:** ^ is Part 2's "Inroad Channel" (= Center of Gravity) & ^^ is the "Resulting Structure" (= Day's "Bone")

***Exit correspondents associated with Day 1, Day 2 & Day 3 structures are shown below**						**** Exits**
8:52a - 11:16a **|** Eye part 1 **|**	Thymus	Kidney	RLS 3, p.1	RLS 6, p.1	LLS 10,p.1	Urethra
11:16a - 4:04p **|** Eye part 2 **|**	Celiac Trunk	Gallbladder	part 2	part 2	part 2	Armpits
4:04p - 12:52a **|** Eye part 3 **|**	Suprarenal Gland	Duodenum	part 3	part 3	part 3	Nipples
12:52a - 7:16a **|** Eye part 4 **|**	Cerebellum 5	Liver	part 4	part 4	part 4	Anus
7:16a - 8:04a **|** Eye part 5 **|**	Cerebrum 19	3rd Ventricle	part 5	part 5	part 5	Eye
8:04a - 8:52a **|** Eye part 6 **|**	Cranial nerve IX	Nerve L3	part 6	part 6	part 6	Vagina

***** That which is formed is that which is needed to serve in altering organism structures to allow the organism to continually change to accord itself to its constantly altering universe.**

8:52 a.m. 7/2/1939 HUMAN as Bob or Pendulum from Crista Galli as Hook or Pivot for 11/15-11/17/2014

DAY 1 BOB HOOK COMPLEX is Ethmoid/SPHENOID+MED. MT SS BONE with breath through Nasolacrimal Duct (N.D.) & Superior Lacrimal Canaliculus to activate the Superior Sagittal Sinus thereby arranging the PARAHIPPOCAMPAL GYRUS to align UPPER LAYER, SECONDARY OLFACTORY SYSTEM to form Lens, "muscles" are the lower, medial quadrant 3-member set (58-60) of 3 equatorial zonular fibers per set.

DAY 2 BOB HOOK COMPLEX AID is OCCIPITAL/Tibia BONE with 2nd component of breath through N.D. & Inferior Lacrimal Canaliculus to activate Cavernous Sinus 5 thereby arranging VAGUS NERVE (C.N. X) to continue proper gyrus function, muscles are the dilator, sphincter and orbitalis of the eye.

DAY 3 BOB HOOK COMPLEX AID (BOB-A) is L4/MC 1 with 3rd component of breath through Inferior Nasal Meatus & Incisive Canal to activate RLS 3 thereby arranging SPINAL NERVE 20 (L4 Spinal Nerve) to continue proper gyrus function, muscles are as shown.

In order for the above described Bob Hook Complex to approach optimal function, there can be no mis-alignment of its associated bone, muscle and organ structures. In the lower set of boxed columns below, preceded in the upper set by the enabling breath tracts, and aligned to the 6 spectral energy time intervals in 24 hours at left, are the 6 spectral energy associated structures as correlated with each numbered bone further below in the dated boxes. The 3 dated boxes then show the associated bone scaffold for Mc 1 with the muscles for each bone of the scaffold changing through the 3 dates to provide on-going bone adjustment.

TIME INTERVALS corresponding to the 6 periods in 24 hours in which energy need evolved from possible available ranges of spectral energy from radio to gamma rays:	1 Breath thru nasolacrimal duct into inferior lacrimal canaliculus to activate cavernous sinus 5 & Eye Apparatus:	2 Breath through superior nasal meatus to activate sphenoid sinus and the	3 Breath through Eustacean tube to activate cochlea's outer hair cells and the	4 Breath through inferior nasal meatus & incisive canal to activate RLS 3:	5 Breath through middle nasal meatus & incisive canal to activate RLS 6:	6 Breath through superior nasal meatus & incisive canal to activate LLS 10:	EXIT ROUTES for unincor-porated wave lengths of spectral energy:
8:52am-11:16am >	Part 1 <lymph>	Thymus	Kidney	Part 1	Part 1	Part 1	urethra
11:16am-4:04pm >	Part 2 <blood>	Celiac Trunk	Gallbladder	Part 2	Part 2	Part 2	armpits
4:04pm-12:52am >	Pt. 3<hormone>	Suprarenal Gland	Duodenum	Part 3	Part 3	Part 3	nipples
12:52am-7:16am >	Part 4 <DNA>	Cerebellum 5	Liver	Part 4	Part 4	Part 4	anus
7:16am-8:04am >	Part 5 <RNA>	Cerebrum 20	3rd Ventricle	Part 5	Part 5	Part 5	eye
8:04am-8:52am >	Part 6 <protein>	Cranial Nerve X	Nerve L4	Part 6	Part 6	Part 6	vagina

11/15/2014 DAY 1 BOB HOOK COMPLEX above is altered in connection with Bob Center, Lower Lateral Incisor (by way of balanced, full Mt Ss 1), through aegis of the Parahippocampal Gyrus.

Associated bones/muscles are (1) Occipital Bone - eye's dilator muscle
(2) Tibia - serratus posterior superior

(3) L4
procerus

(4) Mc 1
interosseous palmar

(5) Rib 10
digastric, anterior belly

(6) Mt 1
gluteus minimus

11/16/2014 Day 2 Bob Hook Complex Aid (Bob-A) below is altered in connection with Bob-Center, L3 (by way of Mastoid Cells), in conjunction with Cranial Nerve X (Vagus).

DAY 2 BOB-A > (1) OCCIPITAL BONE - eye's sphincter muscle
Associated bones/muscles are (2) Tibia - rectus abdominus, 4th/5th part

(3) L4
occipitofrontalis (epicranius)

(4) Mc 1
interosseous lumbrical

(5) Rib 10
middle pharyngeal constrictor

(6) Mt 1
gluteus maximus

11/17/2014 Day 3 Bob Hook Complex Aid below is altered in connection with Bob Center, RLS 3".

(1) Occipital Bone - eye's orbitalis muscle
(2) Tibia - serratus posterior inferior

(3) L4
corrugator supercilii

(4) MC 1 > DAY 3 BOB-A
interosseous dorsal

(5) Rib 10
digastric, posterior belly

(6) Mt 1
gluteus medius

PROCESS FOR ALTERING STRUCTURES
with the following occurances proposed as associated with progress toward optimal functioning

Read boxes from left to right	**Inhalation along given tracts "to" given structures,**	**Likely causes (1) eye tracts to receive spectral energy (with surrogate aid from 6 Exit correspondents*) & intake into**	**And (2) pressure (for alteration) on**	**Exhalation with no collapse of breath tract & structures,**	**Causes (1) pressure (for alteration) on**	**And (2)**	**And (3)**
Day 1 ^ = * see page bottom for each	Superior lacrimal canaliculi "to" Superior sagittal sinuses,	Lower lateral incisors ^	Medial sesamoid of Mt Ss 1s^^ as well as Parahippocampal gyri ^^;	Sup. lac. can. & Sup. sag. si. & 6 Exit correspondents* & Lower lateral incisors ^ & Medial sesamoid of Mt Ss 1s ^^ & Parahippocampal gyri ^^,	Lower lateral incisors ^ **And intake into** Medial sesamoid of MtSs1s^^ as well as Parahippocampal gyri ^^	Breath "to" Superior sagittal sinuses to disperse to receiving structures of the brain to serve during inhalation	Exhalation pressure brought to bear on 6 Exit correspondents* to precipitate that which*** will serve possible surrogate, specifically needed spectral energy roles during inhalation; unused "spectral energy" pressure of the breath cycle disperses to Exits**.
Day 2 ^ = * see below for each	Inferior lacrimal canaliculi "to" Cavernous sinuses 5,	As above but for L3 ^ (+ CN X, i.e. Cranial nerve X, Vagus)	As above but for the Occipital bone ^^;	Inf. lac. can. & Cavernous sinuses 5 & 6 Exit correspondents* & L3 ^ (+ CN X) & Occipital bone ^^,	L3 ^ (+ CN X) **And intake into** Occipital bone ^^	Breath "to" Cavernous sinuses 5 to disperse to receiving structures of the brain	As above
Day 3 ^ = * see below	Inferior nasal meatus & incisive canal "to" RLS 3,	As above but for RLS 3" ^	As above but for Mc 1s ^^;	Inf. nas. m. & RLS 3 & 6 Exit correspondents* & RLS 3" ^ & Mc 1s ^^,	RLS 3" ^ **And intake into** Mc 1s ^^	Breath "to" RLS 3 to disperse to lung part destinations	As above

Note: Maintain alignment of L5**/**pisiform, McSs2**/**incus, McSs1**/**hyoid, MtSs1**/**patella.

v & **^** = down & up arrows **Direction** of **Stretch** for **Muscles** on **Front** of **Page**

serratus posterior superior - from area of C6-C7, T1-T2 down to superior border of ribs 2-5 near angle, fiber **v**
procerus - from area of upper nasal bone juncture up into skin between eyebrows progress up in 24 hrs
interosseous palmar - from medial Mc 2 to Mc PP2 base & from lateral Mc 4-5 to Mc PP4-5 bases
digastric, anterior belly - from behind central inner chin to loop up from hyoid bone's lesser horn area
gluteus minimus - from lower posterior gluteal surface to outer front of greater trochanter

rectus abdominus, 4th/5th part - from area above top of pubis up to bottom of 3rd part at navel forehead
occipitofrontalis (epicranius) - from lateral back of head over epicranial aponeurosis, spreading down across **^**
interosseous lumbrical - from lateral side of Mc PP2-5 back to same of palmar tendons over Mc 2-3 & Mc **v**
middle pharyngeal constrictor - from pharyngeal raphe to hyoid bone's horns 3-5 interior both sides
gluteus maximus - from upper outer posterior femur to hip back edge/sacrum/coccyx/sacrotuberous ligament

serratus posterior inferior - from area of L2-L1, T12-T11 up to inferior border of ribs 12-9 near angle, up in 24
corrugator supercilii - from bone lip above eye's inner corner obliquely up and out to bone above mid-orbit
interosseous dorsal -2 heads interiorly from 5 Mc bones to lateral Mc PP2, lateral & medial Mc PP3 & medi- **v**
digastric, posterior belly - from mastoid process to loop up from hyoid bone's lesser horn area al Mc PP4
gluteus medius -from upper posterior gluteal surface below iliac crest to greater trochanter's top & lateral side

^ & ^^ **:** ^ is Part 2's "Inroad Channel" (= Center of Gravity) & ^^ is the "Resulting Structure" (= Day's "Bone")

***Exit correspondents associated with Day 1, Day 2 & Day 3 structures are shown below**						**** Exits**
8:52a - 11:16a **|** Eye part 1 **|**	Thymus	Kidney	RLS 3, p.1	RLS 6, p.1	LLS 10,p.1	Urethra
11:16a - 4:04p **|** Eye part 2 **|**	Celiac Trunk	Gallbladder	part 2	part 2	part 2	Armpits
4:04p - 12:52a **|** Eye part 3 **|**	Suprarenal Gland	Duodenum	part 3	part 3	part 3	Nipples
12:52a - 7:16a **|** Eye part 4 **|**	Cerebellum 5	Liver	part 4	part 4	part 4	Anus
7:16a - 8:04a **|** Eye part 5 **|**	Cerebrum 20	3rd Ventricle	part 5	part 5	part 5	Eye
8:04a - 8:52a **|** Eye part 6 **|**	Cranial nerve X	Nerve L4	part 6	part 6	part 6	Vagina

***** That which is formed is that which is needed to serve in altering organism structures to allow the organism to continually change to accord itself to its constantly altering universe.**

8:52 a.m. 7/2/1939 HUMAN as Bob or Pendulum from Crista Galli as Hook or Pivot for 11/18-11/20/2014

DAY 1 BOB HOOK COMPLEX is ETHMOID+LAT. MT SS/Sphenoid BONE with breath through Nasolacrimal Duct (N.D.) & Superior Lacrimal Canaliculus to activate the Inferior Sagittal Sinus thereby arranging POSTCENTRAL GYRUS to align LOWER LAYER, SECONDARY OLFACTORY SYSTEM to form Lens, "muscles" are the lower, medial quadrant 3-member set (61-63) of 3 equatorial zonular fibers per set.

DAY 2 BOB HOOK COMPLEX AID is PARIETAL/Fibula BONE with 2nd component of breath through N.D. & Inferior Lacrimal Canaliculus to activate Cavernous Sinus 6 thereby arranging ACCESSORY NERVE (C.N. XI) to continue proper gyrus function, muscles are the dilator, sphincter and orbitalis of the eye.

DAY 3 BOB HOOK COMPLEX AID (BOB-A) is L5/MC MP3 with 3rd component of breath through Inferior Nasal Meatus & Incisive Canal to activate LLS 4 thereby arranging SPINAL NERVE 21 (L5 Spinal Nerve) to continue proper gyrus function, muscles are as shown.

In order for the above described Bob Hook Complex to approach optimal function, there can be no mis-alignment of its associated bone, muscle and organ structures. In the lower set of boxed columns below, preceded in the upper set by the enabling breath tracts, and aligned to the 6 spectral energy time intervals in 24 hours at left, are the 6 spectral energy associated structures as correlated with each numbered bone further below in the dated boxes. The 3 dated boxes then show the associated bone scaffold for Mc MP3 with the muscles for each bone of the scaffold changing through the 3 dates to provide on-going bone adjustment.

TIME INTERVALS corresponding to the 6 periods in 24 hours in which energy need evolved from possible available ranges of spectral energy from radio to gamma rays:	1 Breath thru nasolacrimal duct into inferior lacrimal canaliculus to activate cavernous sinus 6 & Eye Apparatus:	2 Breath through nasal meatuses to activate ethmoid cells and the	3 Breath through Eustacean tube to activate cochlea's inner hair cells and the	4 Breath through inferior nasal meatus & incisive canal to activate LLS 4:	5 Breath through middle nasal meatus & incisive canal to activate RLS 7:	6 Breath through superior nasal meatus & incisive canal to activate RLS 10:	EXIT ROUTES for unincor-porated wave lengths of spectral energy:
8:52am-11:16am >	Part 1 <lymph>	Tonsils 1, 2, 3 *	Kidney	Part 1	Part 1	Part 1	urethra
11:16am-4:04pm >	Part 2 <blood>	Iliac Artery	Gallbladder	Part 2	Part 2	Part 2	armpits
4:04pm-12:52am >	Part 3<hormone>	Gonads	Duodenum	Part 3	Part 3	Part 3	nipples
12:52am-7:16am >	Part 4 <DNA>	Cerebellum 6	Liver	Part 4	Part 4	Part 4	anus
7:16am-8:04am >	Part 5 <RNA>	Cerebrum 21	4th Ventricle	Part 5	Part 5	Part 5	eye
8:04am-8:52am >	Part 6 <protein>	Cranial Nerve XI	Nerve L5	Part 6	Part 6	Part 6	vagina

11/18/2014 DAY 1 BOB HOOK COMPLEX above is altered in connection with Bob Center, Upper Central Incisor (by way of balanced, full Mt Ss 1), through aegis of the Postcentral Gyrus.

Associated bones/muscles are (1) Parietal Bone - eye's dilator muscle
(2) Fibula - sternocleidomastoid, sternal head
(3) L5 sternothyroid
(4) Mc MP3 biceps brachii, short head
(5) T11 omohyoid, superior belly
(6) Mt MP3 tibialis anterior

11/19/2014 Day 2 Bob-A below is altered in connection with Bob Center, Nasal Bone's overseen Series of Soft Tissue Structure (by way of Mastoid Cells) in conjunction with Cranial Nerve IX (Glossopharyngeal).

DAY 2 BOB-A > (1) PARIETAL BONE - eye's sphincter muscle
Associated bones/muscles are (2) Fibula - pyramidalis
(3) L5 sternohyoid
(4) Mc MP3 anconeus
(5) T11 subclavius
(6) Mt MP3 flexor hallucis brevis, both heads

*** Day 1 Tonsil is Lingual**
Day 2 Tonsil is Pharyngeal
Day 3 Tonsil is Palatine

11/20/2014 Day 3 Bob Hook Complex Aid (Bob-A) below is altered in connection with Bob Center, LLS 3".

(1) Parietal Bone - eye's orbitalis muscle
(2) Fibula - sternocleidomastoid, clavicular head
(3) L5 thyrohyoid
(4) MC MP3 > DAY 3 BOB-A biceps brachii, long head
(5) T11 omohyoid, inferior belly
(6) Mt MP3 tibialis posterior

PROCESS FOR ALTERING STRUCTURES
with the following occurances proposed as associated with progress toward optimal functioning

Read boxes from left to right	**Inhalation along given tracts "to" given structures,**	**Likely causes (1) eye tracts to receive spectral energy (with surrogate aid from 6 Exit correspondents*) & intake into**	**And (2) pressure (for alteration) on**	**Exhalation with no collapse of breath tract & structures,**	**Causes (1) pressure (for alteration) on**	**And (2)**	**And (3)**
Day 1 ^ = * see page bottom for each	Superior lacrimal canaliculi "to" Inferior sagittal sinuses**,**	Upper central incisors ^	Lateral sesamoid of Mt Ss 1s ^^ as well as Postcentral gyri ^^**;** & Postcentral gyri ^^**,**	Sup. lac. can. & Inf. sag. si. & 6 Exit correspondents* & Upper central incisors ^ & Lateral sesamoid of Mt Ss 1s ^^	Upper central incisors^ **And intake into** Lateral sesamoid of Mt Ss 1s ^^ as well as Postcentral gyri ^^	Breath "to" Inferior sagittal sinuses to disperse to receiving structures of the brain to serve during inhalation	Exhalation pressure brought to bear on 6 Exit correspondents* to precipitate that which*** will serve possible surrogate, specifically needed spectral energy roles during inhalation**;** unused "spectral energy" pressure of the breath cycle disperses to Exits**.
Day 2 ^ = * see below for each	Inferior lacrimal canaliculi "to" Cavernous sinuses 6**,** (+ CN IX - Glossopharyngeal)	As above but for the Spleen, subclavian artery, pancreas + 3 others ^	As above but for the Parietal bone ^^**;**	Inf. lac. can. & Cavernous sinuses 6 & 6 Exit correspondents* & Spleen, etc.^ & Parietal bone ^^**,**	Spleen, subclavian artery, pancreas, etc. ^ (+ CN IX) **& intake into** Parietal bone ^^	Breath "to" Cavernous sinuses 6 to disperse to receiving structures of the brain	As above
Day 3 ^ = * see below	Inferior nasal meatus & incisive canal "to" LLS 4**,**	As above but for LLS 3" ^	As above but for Mc MP3s^^**;** LLS 3" ^ & Mc MP3s ^^**,**	Inf. nas. m. & LLS 4 & 6 Exit correspondents* &	LLS 3" ^ **And intake into** Mc MP3s ^^	Breath "to" LLS 4 to disperse to lung part destinations	As above

Note: Maintain alignment of L5**/**pisiform, McSs2**/**incus, McSs1**/**hyoid, MtSs1**/**patella.

v = down arrow **Direction** of **Stretch** for **Muscles** on **Front** of **Page** ~ (from below) medial Cuneiform Medial & Mt 1 base

sternocleidomastoid, sternal head - from upper anterior manubrium to mastoid process & superior nuchal line
sternothyroid - from upper posterior manubrium up to thyroid cartilage's oblique line along its lamina
biceps brachii, short head - from front border of scapula's coracoid process to radial tuberosoity (see below)
omohyoid, superior belly - from medial greater horn of hyoid bone down to intermediate tendon (see below)
tibialis anterior - from upper 1/2 anterior lateral tibia & adjoining interosseous membrane to posterior (~above)

pyramidalis - from anterior pubis slightly inward and up to small lowest section of linea alba
sternohyoid - from body of hyoid bone down to posterior manubrium and adjacent end of clavicle
anconeus - from ulna's upper posterior lateral side & lateral olecranon to posterior lateral epicondyle of **v** humerus
subclavius - from bottom of middle of clavicle in to junction of 1st rib with its cartilage
flexor hallucis brevis, both heads - from Mt PP1 plantar base sides (& MtSs1s) to tibialis posterior tendon,etc.

sternocleidomastoid, clavicular head - from medial, upper clavicle to mastoid process & superior nuchal line
thyrohyoid - from thyroid cartilage's oblique line along its lamina up to bottom of hyoid bone's greater horn
biceps brachii, long head - from scapula's supraglenoid tubercle to radial tuberosity near top inside of radius
omohyoid, inferior belly - from scapula's top lateral border to intermediate tendon front of internal jugular vein
tibialis posterior - from upper 1/2 posterior tibia & fibula to posterior navicular, 3 cuneiforms & Mt 2-4 bases

^ & ^^ **:** ^ is Part 2's "Inroad Channel" (= Center of Gravity) & ^^ is the "Resulting Structure" (= Day's "Bone")

***Exit correspondents associated with Day 1, Day 2 & Day 3 structures are shown below**						**** Exits**
8:52a - 11:16a **|** Eye part 1 **|**	Tonsils	Kidney	LLS 4, p.1	RLS 7, p.1	RLS 10,p.1	Urethra
11:16a - 4:04p **|** Eye part 2 **|**	Iliac Artery	Gallbladder	part 2	part 2	part 2	Armpits
4:04p - 12:52a **|** Eye part 3 **|**	Gonads	Duodenum	part 3	part 3	part 3	Nipples
12:52a - 7:16a **|** Eye part 4 **|**	Cerebellum 6	Liver	part 4	part 4	part 4	Anus
7:16a - 8:04a **|** Eye part 5 **|**	Cerebrum 21	4th Ventricle	part 5	part 5	part 5	Eye
8:04a - 8:52a **|** Eye part 6 **|**	Cranial nerve XI	Nerve L5	part 6	part 6	part 6	Vagina

***** That which is formed is that which is needed to serve in altering organism structures to allow the organism to continually change to accord itself to its constantly altering universe.**

8:52 a.m. 7/2/1939 HUMAN as Bob or Pendulum from Crista Galli as Hook or Pivot for 11/21-11/23/2014

DAY 1 BOB HOOK COMPLEX is Ethmoid/SPHENOID+MED.MT SS BONE with breath through Nasolacrimal Duct (N.D.) & Superior Lacrimal Canaliculus to activate the Inferior Sagittal Sinus thereby arranging PRECENTRAL GYRUS to align LOWER LAYER, SECONDARY OLFACTORY SYSTEM to form Lens, "muscles" are the lower, medial quadrant 3-member set (64-66) of 3 equatorial zonular fibers per set.

DAY 2 BOB-A is OCCIPITAL/Patella BONE with 2nd component of breath through Nasolacrimal Duct & Inferior Lacrimal Canaliculus to activate Cavernous Sinus 6 thus arranging HYPOGLOSSAL NERVE (C.N. XII) to continue proper gyrus function, muscles are the dilator, sphincter and orbitalis of the eye.

DAY 3 BOB HOOK COMPLEX AID (BOB-A) is Mc Ss 2/MC PP1 with 3rd component of breath through Inferior Nasal Meatus & Incisive Canal to activate LLS 4 thereby arranging SPINAL NERVE 22 (S1 of Sacral Plexis) to continue proper gyrus function, muscles are as shown.

In order for the above described Bob Hook Complex to approach optimal function, there can be no mis-alignment of its associated bone, muscle and organ structures. In the lower set of boxed columns below, preceded in the upper set by the enabling breath tracts, and aligned to the 6 spectral energy time intervals in 24 hours at left, are the 6 spectral energy associated structures as correlated with each numbered bone further below in the dated boxes. The 3 dated boxes then show the associated bone scaffold for Mc PP1 with the muscles for each bone of the scaffold changing through the 3 dates to provide on-going bone adjustment.

TIME INTERVALS corresponding to the 6 periods in 24 hours in which energy need evolved from possible available ranges of spectral energy from radio to gamma rays:	1 Breath thru nasolacrimal duct into inferior lacrimal canaliculus to activate cavernous sinus 6 & Eye Apparatus:	2 Breath through nasal meatuses to activate ethmoid cells and the	3 Breath through Eustacean tube to activate cochlea's inner hair cells and the	4 Breath through inferior nasal meatus & incisive canal to activate LLS 4:	5 Breath through middle nasal meatus & incisive canal to activate RLS 7:	6 Breath through superior nasal meatus & incisive canal to activate RLS 10:	EXIT ROUTES for unincor-porated wave lengths of spectral energy:
8:52am-11:16am >	Part 1 <lymph>	Tonsils 1, 2, 3 *	Kidney	Part 1	Part 1	Part 1	urethra
11:16am-4:04pm >	Part 2 <blood>	Iliac Artery	Gallbladder	Part 2	Part 2	Part 2	armpits
4:04pm-12:52am >	Part 3<hormone>	Gonads	Duodenum	Part 3	Part 3	Part 3	nipples
12:52am-7:16am >	Part 4 <DNA>	Cerebellum 6	Liver	Part 4	Part 4	Part 4	anus
7:16am-8:04am >	Part 5 <RNA>	Cerebrum 22	4th Ventricle	Part 5	Part 5	Part 5	eye
8:04am-8:52am >	Part 6 <protein>	Cranial Nerve XII	Nerve S1	Part 6	Part 6	Part 6	vagina

11/21/2014 DAY 1 BOB HOOK COMPLEX above is altered in connection with Bob Center, Lower Central Incisor (by way of balanced, full Mt Ss 1), through aegis of the Precentral Gyrus.

Associated bones/muscles are (1) Occipital Bone - eye's dilator muscle
(2) Patella - internal intercostal

(3) Mc Ss 2
diaphragm, anterior costal part

(4) Mc PP1
supinator

(5) Rib 11
geniohyoid

(6) Mt PP1
fibularis brevis

* **Day 1 Tonsil is Lingual**
Day 2 Tonsil is Pharyngeal
Day 3 Tonsil is Palatine

11/22/2014 Day 2 Bob Hook Complex Aid (Bob-A) below is altered in connection with Bob-Center, L3 (by way of Mastoid Cells), in conjunction with Cranial Nerve X (Vagus).

DAY 2 BOB-A > (1) OCCIPITAL BONE - eye's sphincter muscle
Associated bones/muscles are (2) Patella - innermost intercostal

(3) Mc Ss 2
diaphragm, sternal part

(4) Mc PP1
pronator quadratus

(5) Rib 11
mylohyoid

(6) Mt PP1
flexor hallucis longus

11/23/2014 Day 3 Bob Hook Complex Aid below is altered in connection with Bob Center, RLS 2".

(1) Occipital Bone - eye's orbitalis muscle
(2) Patella - external intercostal

(3) Mc Ss 2
diaphragm, posterior lumbar & crus part

(4) MC PP1 > DAY 3 BOB-A
pronator teres

(5) Rib 11
stylohyoid

(6) Mt PP1
fibularis longus

PROCESS FOR ALTERING STRUCTURES
with the following occurances proposed as associated with progress toward optimal functioning

Read boxes from left to right	**Inhalation along given tracts "to" given structures,**	**Likely causes (1) eye tracts to receive spectral energy (with surrogate aid from 6 Exit correspondents*) & intake into**	**And (2) pressure (for alteration) on**	**Exhalation with no collapse of breath tract & structures,**	**Causes (1) pressure (for alteration) on**	**And (2)**	**And (3)**
Day 1 ^ = * see page bottom for each	Superior lacrimal canaliculi "to" Inferior sagittal sinuses**,**	Lower central incisors ^	Medial sesamoid of Mt Ss 1s ^^ as well as Precentral gyri ^^**;**	Sup. lac. can. & Inf. sag. si. & 6 Exit correspondents* & Lower central incisors ^ & Medial sesamoid of Mt Ss 1s ^^ & Precentral gyri ^^**,**	Lower central incisors^ **And intake into** Medial sesamoid of Mt Ss 1s ^^ as well as Precentral gyri ^^	Breath "to" Inferior sagittal sinuses to disperse to receiving structures of the brain to serve during inhalation	Exhalation pressure brought to bear on 6 Exit correspondents* to precipitate that which*** will serve possible surrogate, specifically needed spectral energy roles during inhalation**;** unused "spectral energy" pressure of the breath cycle disperses to Exits**.
Day 2 ^ = * see below for each	Inferior lacrimal canaliculi "to" Cavernous sinuses 6**,**	As above but for L3 ^ (+ CN X, i.e. Cranial nerve X, Vagus)	As above but for the Occipital bone ^^**;**	Inf. lac. can. & Cavernous sinuses 6 & 6 Exit correspondents* & L3 ^ (+ CN X) & Occipital bone ^^**,**	L3 ^ (+ CN X) **And intake into** Occipital bone ^^	Breath "to" Cavernous sinuses 6 to disperse to receiving structures of the brain	As above
Day 3 ^ = * see below	Inferior nasal meatus & incisive canal "to" LLS 4**,**	As above but for RLS 2" ^	As above but for Mc PP1s^^**;**	Inf. nas. m. & LLS 4 & 6 Exit correspondents* & RLS 2" ^ & Mc PP1s ^^**,**	RLS 2" ^ **And intake into** Mc PP1s ^^	Breath "to" LLS 4 to disperse to lung part destinations	As above

Note: Maintain alignment of L5**/**pisiform, McSs2**/**incus, McSs1**/**hyoid, MtSs1**/**patella.

^ / v = up / down arrows **Direction** of **Stretch** for **Muscles** on **Front** of **Page**

around to rib angles

internal intercostal - from rib above, rearward to rib below, fiber progression in 24 hrs. from sternum area **^**
diaphragm, anterior costal part - from inside surface of ribs 12-6 front portion & costal cartilages into central **v**
supinator - from top lateral ulna around radius back to its top front & humerus lateral epicondyle | tendon
geniohyoid - from mental spines of posterior central inferior mandible to along median raphe back to **v**
fibularis brevis - from lateral lower portion of fibula to lateral Mt 5 base | anterior body of hyoid

innermost intercostal - from rib below, frontward to rib above, in 24 h. from rib angles to costal cartilage area
diaphragm, sternal part - from most anterior central tendon down to posterior xiphoid process
pronator quadratus - wide band from bottom portion of anterior lateral radius up to same of medial ulna
mylohyoid - from along body of hyoid top, then median raphe to mylohyoid line of posterior body of mandible
flexor hallucis longus - from Mt DP1 plantar base medially around heel to central portion of posterior fibula

external intercostal - from rib above, frontward to rib below, in 24 hrs. from costal cartilages to near spine
diaphragm, lumbar & crus part - from arcuate ligaments/upper lumbar vertebrae fronts into posterior central **v**
pronator teres - from anterior humerus medial epicondyle and ulna top to lateral mid-radius | tendon
stylohyoid - from styloid process to body of hyoid near its greater horn | cuneiform medial
fibularis longus - from head & upper lateral 1/2 of fibula to lateral posterior Mt 1 base and adjoining **^**

^ & ^^ **:** ^ is Part 2's "Inroad Channel" (= Center of Gravity) & ^^ is the "Resulting Structure" (= Day's "Bone")

***Exit correspondents associated with Day 1, Day 2 & Day 3 structures are shown below**						**** Exits**
8:52a - 11:16a **|** Eye part 1 **|**	Tonsils	Kidney	LLS 4, p.1	RLS 7, p.1	RLS 10,p.1	Urethra
11:16a - 4:04p **|** Eye part 2 **|**	Iliac Artery	Gallbladder	part 2	part 2	part 2	Armpits
4:04p - 12:52a **|** Eye part 3 **|**	Gonads	Duodenum	part 3	part 3	part 3	Nipples
12:52a - 7:16a **|** Eye part 4 **|**	Cerebellum 6	Liver	part 4	part 4	part 4	Anus
7:16a - 8:04a **|** Eye part 5 **|**	Cerebrum 22	4th Ventricle	part 5	part 5	part 5	Eye
8:04a - 8:52a **|** Eye part 6 **|**	Cranial nerve XII	Nerve S1	part 6	part 6	part 6	Vagina

***** That which is formed is that which is needed to serve in altering organism structures to allow the organism to continually change to accord itself to its constantly altering universe.**

8:52 a.m. 7/2/1939 HUMAN as Bob or Pendulum from Crista Galli as Hook or Pivot for 11/24 - 11/26/2014

DAY 1 BOB HOOK COMPLEX is ETHMOID+BODYof MANDIBLE/Sphenoid BONE with breath through Nasocrimal Duct (N.D.) & Superior Lacrimal Canaliculus to activate the Inferior Sagittal Sinus thereby arranging MIDDLE FRONTAL GYRUS to align TASTE BUD SYSTEM to form Lens,
"muscles" are the lower, medial quadrant 3-member set (67-69) of 3 equatorial zonular fibers per set.

DAY 2 BOB-A is PARIETAL/Calcaneus BONE with 2nd component of breath through N.D. & Inferior Lacrimal Canaliculus to activate Cavernous Sinus 6 thereby arranging ACCESSORY NERVE (C.N. XI) to continue proper gyrus function, muscles are the dilator, sphincter and orbitalis of the eye.

DAY 3 BOB HOOK COMPLEX AID (BOB-A) is Mc Ss 1/MC DP3 with 3rd component of breath through Inferior Nasal Meatus & Incisive Canal to activate LLS 4 thereby arranging SPINAL NERVE 23 (S2 of Sacral Plexis) to continue proper gyrus function, muscles are as shown.

In order for the above described Bob Hook Complex to approach optimal function, there can be no mis-alignment of its associated bone, muscle and organ structures. In the lower set of boxed columns below, preceded in the upper set by the enabling breath tracts, and aligned to the 6 spectral energy time intervals in 24 hours at left, are the 6 spectral energy associated structures as correlated with each numbered bone further below in the dated boxes. The 3 dated boxes then show the associated bone scaffold for Mc DP3 with the muscles for each bone of the scaffold changing through the 3 dates to provide on-going bone adjustment.

TIME INTERVALS corresponding to the 6 periods in 24 hours in which energy need evolved from possible available ranges of spectral energy from radio to gamma rays:	1 Breath thru nasolacrimal duct into inferior lacrimal canaliculus to activate cavernous sinus 6 & Eye Apparatus:	2 Breath through nasal meatuses to activate ethmoid cells and the	3 Breath through Eustacean tube to activate cochlea's inner hair cells and the	4 Breath through inferior nasal meatus & incisive canal to activate LLS 4:	5 Breath through middle nasal meatus & incisive canal to activate RLS 7:	6 Breath through superior nasal meatus & incisive canal to activate RLS 10:	EXIT ROUTES for unincor-porated wave lengths of spectral energy:
8:52am-11:16am >	Part 1 <lymph>	Tonsils 1, 2, 3 *	Kidney	Part 1	Part 1	Part 1	urethra
11:16am-4:04pm >	Part 2 <blood>	Iliac Artery	Gallbladder	Part 2	Part 2	Part 2	armpits
4:04pm-12:52am >	Part 3<hormone>	Gonads	Duodenum	Part 3	Part 3	Part 3	nipples
12:52am-7:16am >	Part 4 <DNA>	Cerebellum 6	Liver	Part 4	Part 4	Part 4	anus
7:16am-8:04am >	Part 5 <RNA>	Cerebrum 23	4th Ventricle	Part 5	Part 5	Part 5	eye
8:04am-8:52am >	Part 6 <protein>	Cranial Nerve XI	Nerve S2	Part 6	Part 6	Part 6	vagina

11/24/2014 DAY 1 BOB HOOK COMPLEX above is altered in connection with Bob Center, Medial Sesamoid of Mc Ss 1 (by way of balanced, full McSs1), through aegis of Middle Frontal Gyrus.

Associated bones/muscles are

(1) Parietal Bone - eye's dilator muscle
(2) Calcaneus - bulbocavernosus
(3) Mc Ss 1 - genioglossus, horizontal fibers
(4) Mc DP3 - extensor digitorum
(5) T12 - palatoglossus
(6) Mt DP3 - tensor fasciae latae

*** Day 1 Tonsil is Lingual**
Day 2 Tonsil is Pharyngeal
Day 3 Tonsil is Palatine

11/25/2014 Day 2 Bob-A below is altered in connection with Bob Center, Nasal Bone's overseen Series of Soft Tissue Structure (by way of Mastoid Cells) in conjunction with Cranial Nerve IX (Glossopharyngeal).

DAY 2 BOB-A >

Associated bones/muscles are

(1) PARIETAL BONE - eye's sphincter muscle
(2) Calcaneus - superficial transverse perineal
(3) Mc Ss 1 - genioglossus, oblique fibers
(4) Mc DP3 - extensor carpi ulnaris
(5) T12 - hyoglossus
(6) Mt DP3 - sartorius

11/26/2014 Day 3 Bob Hook Complex Aid (Bob-A) below is altered in connection with Bob Center, LLS 1+2".

(1) Parietal Bone - eye's orbitalis muscle
(2) Calcaneus - ischiocavernosus
(3) Mc Ss 1 - genioglossus, vertical fibers
(4) MC DP3 > DAY 3 BOB-A - extensor digiti minimi
(5) T12 - styloglossus
(6) Mt DP3 - rectus femoris

PROCESS FOR ALTERING STRUCTURES
with the following occurances proposed as associated with progress toward optimal functioning

Read boxes from left to right	**Inhalation along given tracts "to" given structures,**	**Likely causes (1) eye tracts to receive spectral energy (with surrogate aid from 6 Exit correspondents*) & intake into**	**And (2) pressure (for alteration) on**	**Exhalation with no collapse of breath tract & structures,**	**Causes (1) pressure (for alteration) on**	**And (2)**	**And (3)**
Day 1 ^ = * see page bottom for each	Superior lacrimal canaliculi "to" Inferior sagittal sinuses,	Medial sesamoid of Mc Ss 1s ^	Body of mandible^^ as well as Middle frontal gyri ^^; Body of mandible ^^ & Middle frontal gyri ^^,	Sup. lac. can. & Inf. sag. si. & 6 Exit correspondents* & Medial sesamoid of Mc Ss 1s ^ &	Medial sesamoid of Mc Ss 1s ^ **And intake into** Body of mandible ^^ as well as Middle frontal gyri ^^	Breath "to" Inferior sagittal sinuses to disperse to receiving structures of the brain to serve during inhalation	Exhalation pressure brought to bear on 6 Exit correspondents* to precipitate that which*** will serve possible surrogate, specifically needed spectral energy roles during inhalation; unused "spectral energy" pressure of the breath cycle disperses to Exits**.
Day 2 ^ = * see below for each	Inferior lacrimal canaliculi "to" Cavernous sinuses 6, (+ CN IX - Glossopharyngeal)	As above but for the Spleen, subclavian artery, pancreas + 3 others ^	As above but for the Parietal bone ^^;	Inf. lac. can. & Cavernous sinuses 6 & 6 Exit correspondents* & Spleen, etc.^ & Parietal bone ^^,	Spleen, subclavian artery, pancreas, etc. ^ (+ CN IX) **& intake into** Parietal bone ^^	Breath "to" Cavernous sinuses 6 to disperse to receiving structures of the brain	As above
Day 3 ^ = * see below	Inferior nasal meatus & incisive canal "to" LLS 4,	As above but for LLS 1+2" ^	As above but for Mc DP3s^^; LLS 1+2" ^ & Mc DP3s ^^,	Inf. nas. m. & LLS 4 & 6 Exit correspondents* &	LLS 1+2" ^ **And intake into** Mc DP3s ^^	Breath "to" LLS 4 to disperse to lung part destinations	As above

Note: Maintain alignment of L5**/**pisiform, McSs2**/**incus, McSs1**/**hyoid, MtSs1**/**patella.

^/v = up/down arrows **Direction** of **Stretch** for **Muscles** on **Front** of **Page**

bulbocavernosus - from perineal area between vagina & anus to area of clitoris | tonsil & body of hyoid
genioglossus, horizontal fibers - fanning from central lower posterior mandible to back tongue, lingual **^**
extensor digitorum - from lateral epicondyle of humerus into tendons to posterior bases of Mc MP & DP2-5
palatoglossus - from oral side of soft palate to side of tongue toward back, forming the palatoglossal arch
tensor fasciae latae - from iliac crest outer lip (above sartorius) to tibia's lateral epicondyle & iliotibial tract

superficial transverse perineal - from center between vagina and anus to medial, anterior ischial tuberosity
genioglossus, oblique fibers - from mid-to-back under portion of tongue to central mid-posterior mandible
extensor carpi ulnaris - from outside (edge) base of Mc 5 to outside (edge) part of lateral epicondyle of **v**
hyoglossus - from lower side of tongue to length of hyoid's greater horn & lateral body of hyoid | humerus
sartorius- from upper anterior tibia as medial-side band laterally paralleling gracilas/semitendinosus bands **~v**

ischiocavernosus - from ischial tuberosity & ramus toward area of clitoris | **~** to anterior superior iliac spine
genioglossus, vertical fibers - from central upper posterior mandible to front underpart of tongue
extensor digiti minimi - from lateral epicondyle of humerus to join extensor digitorum tendon to Mc DP5
styloglossus - from styloid process to side/bottom of tongue
rectus femoris - from anterior inferior iliac spine & above acetabulum to tendon over patella to tibia tuberosity

^ & ^^ **:** ^ is Part 2's "Inroad Channel" (= Center of Gravity) & ^^ is the "Resulting Structure" (= Day's "Bone")

Exit correspondents associated with Day 1, Day 2 & Day 3 structures are shown below** | * Exits**

8:52a - 11:16a **|** Eye part 1 **|**	Tonsils	Kidney	LLS 4, p.1	RLS 7, p.1	RLS 10,p.1	Urethra
11:16a - 4:04p **|** Eye part 2 **|**	Iliac Artery	Gallbladder	part 2	part 2	part 2	Armpits
4:04p - 12:52a **|** Eye part 3 **|**	Gonads	Duodenum	part 3	part 3	part 3	Nipples
12:52a - 7:16a **|** Eye part 4 **|**	Cerebellum 6	Liver	part 4	part 4	part 4	Anus
7:16a - 8:04a **|** Eye part 5 **|**	Cerebrum 23	4th Ventricle	part 5	part 5	part 5	Eye
8:04a - 8:52a **|** Eye part 6 **|**	Cranial nerve XI	Nerve S2	part 6	part 6	part 6	Vagina

***** That which is formed is that which is needed to serve in altering organism structures to allow the organism to continually change to accord itself to its constantly altering universe.**

8:52 a.m. 7/2/1939 HUMAN as Bob or Pendulum from Crista Galli as Hook or Pivot for 11/27-11/29/2014

DAY 1 BOB HOOK COMPLEX is Ethmoid/SPHENOID+RAMUS OF MANDIBLE BONE with breath through Nasocrimal Duct (N.D.) & Superior Lacrimal Canaliculus to activate the Inferior Sagittal Sinus thereby aranging SUPERIOR FRONTAL GYRUS to align TASTE BUD SYSTEM to form Lens,
"muscles" are the lower, medial quadrant 3-member set (70-72) of 3 equatorial zonular fibers per set.

DAY 2 BOB-A is OCCIPITAL/Talus BONE with 2nd component of breath through Nasolacrimal Duct & Inferior Lacrimal Canaliculus to activate Cavernous Sinus 6 thus arranging HYPOGLOSSAL NERVE (C.N. XII) to continue proper gyrus function, muscles are the dilator, sphincter and orbitalis of the eye.

DAY 3 BOB HOOK COMPLEX AID (BOB-A) is Mt Ss 1/MC DP1 with 3rd component of breath through Inferior Nasal Meatus & Incisive Canal to activate LLS 4 thereby arranging SPINAL NERVE 24 (S3 of Sacral Plexis) to continue proper gyrus function, muscles are as shown.

In order for the above described Bob Hook Complex to approach optimal function, there can be no mis-alignment of its associated bone, muscle and organ structures. In the lower set of boxed columns below, preceded in the upper set by the enabling breath tracts, and aligned to the 6 spectral energy time intervals in 24 hours at left, are the 6 spectral energy associated structures as correlated with each numbered bone further below in the dated boxes. The 3 dated boxes then show the associated bone scaffold for Mc DP1 with the muscles for each bone of the scaffold changing through the 3 dates to provide on-going bone adjustment.

TIME INTERVALS corresponding to the 6 periods in 24 hours in which energy need evolved from possible available ranges of spectral energy from radio to gamma rays:	1 Breath thru nasolacrimal duct into inferior lacrimal canaliculus to activate cavernous sinus 6 & Eye Apparatus:	2 Breath through nasal meatuses to activate ethmoid cells and the	3 Breath through Eustacean tube to activate cochlea's inner hair cells and the	4 Breath through inferior nasal meatus & incisive canal to activate LLS 4:	5 Breath through middle nasal meatus & incisive canal to activate RLS 7:	6 Breath through superior nasal meatus & incisive canal to activate RLS 10:	EXIT ROUTES for unincor-porated wave lengths of spectral energy:
8:52am-11:16am >	Part 1 <lymph>	Tonsils 1, 2, 3 *	Kidney	Part 1	Part 1	Part 1	urethra
11:16am-4:04pm >	Part 2 <blood>	Iliac Artery	Gallbladder	Part 2	Part 2	Part 2	armpits
4:04pm-12:52am >	Part 3<hormone>	Gonads	Duodenum	Part 3	Part 3	Part 3	nipples
12:52am-7:16am >	Part 4 <DNA>	Cerebellum 6	Liver	Part 4	Part 4	Part 4	anus
7:16am-8:04am >	Part 5 <RNA>	Cerebrum 24	4th Ventricle	Part 5	Part 5	Part 5	eye
8:04am-8:52am >	Part 6 <protein>	Cranial Nerve XII	Nerve S3	Part 6	Part 6	Part 6	vagina

11/27/2014 DAY 1 BOB HOOK COMPLEX above is altered in connection with Bob Center, Mc Ss 2 (by way of balanced, full Mc Ss 1), through aegis of the Superior Frontal Gyrus.

Associated bones/muscles are (1) Occipital Bone - eye's dilator muscle
(2) Talus - urethrovaginalis/urethrae sphincter

(3) Mt Ss 1
intrinsic tongue, superior longitudinal fibers

(4) Mc DP1
flexor digitorum profundus

(5) Rib 12
scalene, anterior

(6) Mt DP1
adductor brevis

11/28/2014 Day 2 Bob Hook Complex Aid (Bob-A) below is altered in connection with Bob-Center, L3 (by way of Mastoid Cells), in conjunction with Cranial Nerve X (Vagus).

DAY 2 BOB-A > (1) OCCIPITAL BONE - eye's sphincter muscle
Associated bones/muscles are (2) Talus - deep transverse perineal

(3) Mt Ss 1
intrinsic tongue, vertical & transverse fibers

(4) Mc DP1
flexor pollicis longus

(5) Rib 12
scalene, middle

(6) Mt DP1
pectineus

*** Day 1 Tonsil is Lingual**
Day 2 Tonsil is Pharyngeal
Day 3 Tonsil is Palatine

11/29/2014 Day 3 Bob Hook Complex Aid below is altered in connection with Bob Center, RLS 1".

(1) Occipital Bone - eye's orbitalis muscle
(2) Talus - compressor urethrae

(3) Mt Ss 1
intrinsic tongue, inferior longitudinal fibers

(4) MC DP1 > DAY 3 BOB-A
flexor digitorum superficialis

(5) Rib 12
scalene, posterior

(6) Mt DP1
adductor longus

PROCESS FOR ALTERING STRUCTURES
with the following occurances proposed as associated with progress toward optimal functioning

Read boxes from left to right	**Inhalation along given tracts "to" given structures,**	**Likely causes (1) eye tracts to receive spectral energy (with surrogate aid from 6 Exit correspondents*) & intake into**	**And (2) pressure (for alteration) on**	**Exhalation with no collapse of breath tract & structures,**	**Causes (1) pressure (for alteration) on**	**And (2)**	**And (3)**
Day 1 ^ = * see page bottom for each	Superior lacrimal canaliculi "to" Inferior sagittal sinuses**,**	Mc Ss 2s ^	Rami of mandible^^ as well as Superior frontal gyri ^^ & Superior frontal gyri ^^**,**	Sup. lac. can. & Inferior sagital sinuses & 6 Exit correspondents* & Mc Ss 2s ^ & Rami of mandible ^^	Mc Ss 2s ^ **And intake into** Rami of mandible ^^ as well as Superior frontal gyri ^^	Breath "to" Inferior sagittal sinuses to disperse to receiving structures of the brain to serve during inhalation	Exhalation pressure brought to bear on 6 Exit correspondents* to precipitate that which*** will serve possible surrogate, specifically needed spectral energy roles during inhalation**;** unused "spectral energy" pressure of the breath cycle disperses to Exits**.
Day 2 ^ = * see below for each	Inferior lacrimal canaliculi "to" Cavernous sinuses 6**,**	As above but for L3 ^ (+ CN X, i.e. Cranial nerve X, Vagus)	As above but for the Occipital bone ^^**;**	Inf. lac. can. & Cavernous sinuses 6 & 6 Exit correspondents* & L3 ^ (+ CN X) & Occipital bone ^^**,**	L3 ^ (+ CN X) **And intake into** Occipital bone ^^	Breath "to" Cavernous sinuses 6 to disperse to receiving structures of the brain	As above
Day 3 ^ = * see below	Inferior nasal meatus & incisive canal "to" LLS 4**,**	As above but for RLS 1" ^	As above but for Mc DP1s^^**;** RLS 1" ^ & Mc DP1s ^^**,**	Inf. nas. m. & LLS 4 & 6 Exit correspondents* &	RLS 1" ^ **And intake into** Mc DP1s ^^	Breath "to" LLS 4 to disperse to lung part destinations	As above

Note: Maintain alignment of L5**/**pisiform, McSs2**/**incus, McSs1**/**hyoid, MtSs1**/**patella.

^ / v = down / up arrows **Direction** of **Stretch** for **Muscles** on **Front** of **Page**

urethrovaginalis/urethrae sphincter - from pubic ramus & transverse perineal ligament back around urethra
intrinsic tongue, superior longitudinal fibers - from back top tongue area toward front top tongue area
flexor digitorum profundus - from upper medial to a bit lower lateral ulna + membrane to Mc DP2-5 bases
scalene, anterior - from C3-6 transverse processes to rib 1 medial to scalene, middle
adductor brevis - from center of anterior upper inferior pubic ramus to upper femur as long band above **^**
adductor longus

deep transverse perineal - from along side of vagina to inferior ischial ramus
intrinsic tongue, vertical/transverse fibers - from bottom to top inner tongue, probably front to back in 24 hrs.
flexor pollicis longus - from Mc DP1 front base to lower radius on up to upper lateral interosseous membrane
scalene, middle - from rib 1, just previous to passage of scalene posterior, to C7-2 transverse processes
pectineus - as short band from posterior upper close-to-medial femur to superior pubic ramus

compressor urethrae - from area of transverse perineal ligament in front of urethra toward ischial tuberosity
intrinsic tongue, inferior longitudinal fibers - from back bottom tongue area toward front bottom tongue area
flexor digitorum superficialis - from medial epicondyle of humerus & middle anterior radius to sides of **v**
Mc MP2-5 bases
scalene, posterior - from C4-6 transverse processes to most lateral aspect of rib 2
adductor longus - from ant. top medial pubic body to band along post. medial-to-center mid-to-lower femur

^ & ^^ **:** ^ is Part 2's "Inroad Channel" (= Center of Gravity) & ^^ is the "Resulting Structure" (= Day's "Bone")

***Exit correspondents associated with Day 1, Day 2 & Day 3 structures are shown below**						**** Exits**
8:52a - 11:16a **|** Eye part 1 **|**	Tonsils	Kidney	LLS 4, p.1	RLS 7, p.1	RLS 10,p.1	Urethra
11:16a - 4:04p **|** Eye part 2 **|**	Iliac Artery	Gallbladder	part 2	part 2	part 2	Armpits
4:04p - 12:52a **|** Eye part 3 **|**	Gonads	Duodenum	part 3	part 3	part 3	Nipples
12:52a - 7:16a **|** Eye part 4 **|**	Cerebellum 6	Liver	part 4	part 4	part 4	Anus
7:16a - 8:04a **|** Eye part 5 **|**	Cerebrum 24	4th Ventricle	part 5	part 5	part 5	Eye
8:04a - 8:52a **|** Eye part 6 **|**	Cranial nerve XII	Nerve S3	part 6	part 6	part 6	Vagina

***** That which is formed is that which is needed to serve in altering organism structures to allow the organism to continually change to accord itself to its constantly altering universe.**

8:52 a.m. 7/2/1939 HUMAN as Bob or Pendulum from Crista Galli as Hook or Pivot for 11/30 - 12/2/2014

DAY 1 BOB HOOK COMPLEX is ETHMOID+LAT. MT SS/Sphenoid BONE with breath through Nasolacrimal Duct (N.D.) & Superior Lacrimal Canaliculus to activate the Superior Sagittal Sinus thereby arranging the ANGULAR GYRUS to align PRIMARY OLFACTORY SYSTEM to form Lens,
"muscles" are the lower, lateral quadrant 3-member set (49-51) of 3 equatorial zonular fibers per set.

DAY 2 BOB-A is PARIETAL/Stapes BONE with 2nd component of breath through N.D. & Inferior Lacrimal Canaliculus to activate Cavernous Sinus 5 thereby arranging GLOSSOPHARYNGEAL NERVE (C.N. IX) to continue proper gyrus function, muscles are the dilator, sphincter and orbitalis of the eye.

DAY 3 BOB HOOK COMPLEX AID (BOB-A) is Parietal/STAPES BONE with 3rd component of breath through Superior Nasal Meatus to activate Sphenoid Sinus thereby arranging SPINAL NERVE 17 (L1 Spinal Nerve) to continue proper gyrus function, muscles are as shown.

In order for the above described Bob Hook Complex to approach optimal function, there can be no mis-alignment of its associated bone, muscle and organ structures. In the lower set of boxed columns below, preceded in the upper set by the enabling breath tracts, and aligned to the 6 spectral energy time intervals in 24 hours at left, are the 6 spectral energy associated structures as correlated with each numbered bone further below in the dated boxes. The 3 dated boxes then show the associated bone scaffold for Stapes with the muscles for each bone of the scaffold changing through the 3 dates to provide on-going bone adjustment.

TIME INTERVALS corresponding to the 6 periods in 24 hours in which energy need evolved from possible available ranges of spectral energy from radio to gamma rays:	1 Breath thru nasolacrimal duct into inferior lacrimal canaliculus to activate cavernous sinus 5 & Eye Apparatus:	2 Breath through superior nasal meatus to activate sphenoid sinus and the	3 Breath through Eustacean tube to activate cochlea's outer hair cells and the	4 Breath through inferior nasal meatus & incisive canal to activate RLS 3:	5 Breath through middle nasal meatus & incisive canal to activate RLS 6:	6 Breath through superior nasal meatus & incisive canal to activate LLS 10:	EXIT ROUTES for unincor-porated wave lengths of spectral energy:
8:52am-11:16am >	Part 1 <lymph>	Thymus	Kidney	Part 1	Part 1	Part 1	urethra
11:16am-4:04pm >	Part 2 <blood>	Celiac Trunk	Gallbladder	Part 2	Part 2	Part 2	armpits
4:04pm-12:52am >	Pt. 3<hormone>	Suprarenal Gland	Duodenum	Part 3	Part 3	Part 3	nipples
12:52am-7:16am >	Part 4 <DNA>	Cerebellum 5	Liver	Part 4	Part 4	Part 4	anus
7:16am-8:04am >	Part 5 <RNA>	Cerebrum 17	3rd Ventricle	Part 5	Part 5	Part 5	eye
8:04am-8:52am >	Part 6 <protein>	Cranial Nerve IX	Nerve L1	Part 6	Part 6	Part 6	vagina

11/30/2014 DAY 1 BOB HOOK COMPLEX above is altered in connection with Bob Center, Upper Canine (by way of balanced, full Mt Ss 1), through aegis of the Angular Gyrus.

Associated bones/muscles are (1) Parietal Bone - eye's dilator muscle
(2) Stapes - internal oblique abdominus & cremaster

(3) L1
zygomaticus minor

(4) Mc 3
adductor pollicis, oblique head

(5) T9
palatopharyngeus

(6) Mt 3
vastus medialis

12/1/2014 Day 2 Bob-A below is altered in connection with Bob Center, Nasal Bone's overseen Series of Soft Tissue Structure (by way of Mastoid Cells) in conjunction with Cranial Nerve IX (Glossopharyngeal).

DAY 2 BOB-A > (1) PARIETAL BONE - eye's sphincter muscle
Associated bones/muscles are (2) Stapes - rectus abdominus, 1st part

(3) L1
helicis minor

(4) Mc 3
abductor pollicis brevis

(5) T9
inferior pharyngeal constrictor

(6) Mt 3
vastus intermedius

12/2/2014 Day 3 Bob Hook Complex Aid (Bob-A) below is altered in connection with Bob Center,

DAY 3 BOB-A > (1) Parietal Bone - eye's orbitalis muscle
(2) STAPES - external oblique abdominus

Vestibulocochlear Nerve.

(3) L1
zygomaticus major

(4) Mc 3
adductor pollicis, transverse head

(5) T9
stylopharyngeus

(6) Mt 3
vastus lateralis

PROCESS FOR ALTERING STRUCTURES

with the following occurances proposed as associated with progress toward optimal functioning

Read boxes from left to right	**Inhalation along given tracts "to" given structures,**	**Likely causes (1) eye tracts to receive spectral energy (with surrogate aid from 6 Exit correspondents*) & intake into**	**And (2) pressure (for alteration) on**	**Exhalation with no collapse of breath tract & structures,**	**Causes (1) pressure (for alteration) on**	**And (2)**	**And (3)**
Day 1 ^ = * see page bottom for each	Superior lacrimal canaliculi "to" Superior sagittal sinuses**,**	Upper canines ^	Lateral sesamoid of Mt Ss 1s^^ as well as Angular gyri ^^**;** Lateral sesamoid of Mt Ss 1s^^ & Angular gyri^^**,**	Sup. lac. can. & Superior sagittal sinuses & 6 Exit correspondents* & Upper canines ^ &	Upper canines ^ **And intake into** Lateral sesamoid of Mt Ss 1s ^^ as well as Angular gyri ^^	Breath "to" Superior sagittal sinuses to disperse to receiving structures of the brain to serve during inhalation	Exhalation pressure brought to bear on 6 Exit correspondents* to precipitate that which*** will serve possible surrogate, specifically needed spectral energy roles during inhalation**;** unused "spectral energy" pressure of the breath cycle disperses to Exits**.
Day 2 ^ = * see below for each	Inferior lacrimal canaliculi "to" Cavernous sinuses 5**,** (+ CN IX - Glossopharyngeal)	As above but for the Spleen, subclavian artery, pancreas + 3 others ^	As above but for the Parietal bone ^^**;**	Inf. lac. can. & Cavernous sinuses 5 & 6 Exit correspondents* & Spleen, etc.^ & Parietal bone ^^**,**	Spleen, subclavian artery, pancreas, etc. ^ (+ CN IX) **& intake into** Parietal bone ^^	Breath "to" Cavernous sinuses 5 to disperse to receiving structures of the brain	As above
Day 3 ^ = * see below	Superior nasal meatus "to" Sphenoid sinus**,**	As above for the Vestibulocochlear nerve ^	As above for Stapes ^^**;** spondents* & the Vestibulocochlear nerve ^ & Stapes ^^**,**	Sup. nas. m. & Sphenoid sinus & 6 Exit correspondents* & the Vestibulocochlear nerve ^ & Stapes ^^**,**	Vestibulocochlear nerve ^ **& intake into** Stapes ^^	Breath "to" Sphenoid sinus to disperse to receiving destinations	As above

Note: Maintain alignment of L5**/**pisiform, McSs2**/**incus, McSs1**/**hyoid, MtSs1**/**patella.

v = down arrows **Direction** of **Stretch** for **Muscles** on **Front** of **Page**

internal oblique abdominus & cremaster - from above posterior iliac crest, crest & lateral inguinal ligament **v**
zygomaticus minor - closer in paralleling zygomaticus major up to posterior lower ribs & around to linea alba
adductor pollicis, oblique head - from capitate & from Mc 3 & Mc 2 bases to medial base of Mc PP1
palatopharyngeus - from the soft palate to lateral pharyngeal wall and posterior border of thyroid cartilage
vastus medialis - from band all along & in from femur's posterior medial edge into quadriceps femoris tendon

rectus abdominus, 1st part - upward from 2nd part to area of xiphoid & 5th costal cartilage, fiber progress **v**
helicis minor - from along outer crus of helix inward to inner extent of crus inward in 24 hours
abductor pollicis brevis - from dorsally around Mc PP1's lateral base to hand's below-thumb anterior side pad
inferior pharyngeal constrictor - from pharyngeal raphe down to oblique line of thyroid cartilage
vastus intermedius - from quadriceps femoris tendon as swath up femur to anterior & posterior lateral sides

external oblique abdominus - from front body of ribs 12-5 down toward linea alba/iliac crest, fiber progress **v**
zygomaticus major - from zygomatic bone near ear to mouth's upper angle upward in 24 hours
adductor pollicis, transverse head - from palmar Mc 3 to medial base of Mc PP1, top muscle joining thumb **v**
stylopharyngeus - from styloid process to lateral pharynx between top 2 pharyngeal constrictors to hand
vastus lateralis - from band all along femur's posterior inner lateral side around to quadriceps femoris tendon

^ & ^^ **:** ^ is Part 2's "Inroad Channel" (= Center of Gravity) & ^^ is the "Resulting Structure" (= Day's "Bone")

***Exit correspondents associated with Day 1, Day 2 & Day 3 structures are shown below**						** Exits
8:52a - 11:16a **|** Eye part 1**|**	Thymus	Kidney	RLS 3, p.1	RLS 6, p.1	LLS 10,p.1	Urethra
11:16a - 4:04p **|** Eye part 2**|**	Celiac Trunk	Gallbladder	part 2	part 2	part 2	Armpits
4:04p - 12:52a **|** Eye part 3**|**	Suprarenal Gland	Duodenum	part 3	part 3	part 3	Nipples
12:52a - 7:16a **|** Eye part 4**|**	Cerebellum 5	Liver	part 4	part 4	part 4	Anus
7:16a - 8:04a **|** Eye part 5**|**	Cerebrum 17	3rd Ventricle	part 5	part 5	part 5	Eye
8:04a - 8:52a **|** Eye part 6**|**	Cranial nerve IX	Nerve L1	part 6	part 6	part 6	Vagina

***** That which is formed is that which is needed to serve in altering organism structures to allow the organism to continually change to accord itself to its constantly altering universe.**

8:52 a.m. 7/2/1939 HUMAN as Bob or Pendulum from Crista Galli as Hook or Pivot for 12/3 - 12/5/2014

DAY 1 BOB HOOK COMPLEX is Ethmoid/SPHENOID+MED.MT SS BONE with breath through Nasolacrimal Duct (N.D.) & Superior Lacrimal Canaliculus to activate the Superior Sagittal Sinus thereby arranging LATERAL OCCIPITOTEMPORAL GYRUS to align PRIMARY OLFACTORY SYSTEM to form Lens, "muscles" are the lower, lateral quadrant 3-member set (52-54) of 3 equatorial zonular fibers per set.

DAY 2 BOB-A is OCCIPITAL/Hyoid BONE with 2nd component of breath through Nasolacrimal Duct & Inferior Lacrimal Canaliculus to activate Cavernous Sinus 5 thereby arranging VAGUS NERVE (C.N. X) to continue proper gyrus function, muscles are the dilator, sphincter and orbitalis of the eye.

DAY 3 BOB HOOK COMPLEX AID (BOB-A) is Occipital/HYOID BONE with 3rd component of breath through Superior Nasal Meatus to activate Sphenoid Sinus thereby arranging SPINAL NERVE 18 (L2 Spinal Nerve) to continue proper gyrus function, muscles are as shown.

In order for the above described Bob Hook Complex to approach optimal function, there can be no mis-alignment of its associated bone, muscle and organ structures. In the lower set of boxed columns below, preceded in the upper set by the enabling breath tracts, and aligned to the 6 spectral energy time intervals in 24 hours at left, are the 6 spectral energy associated structures as correlated with each numbered bone further below in the dated boxes. The 3 dated boxes then show the associated bone scaffold for Hyoid with the muscles for each bone of the scaffold changing through the 3 dates to provide on-going bone adjustment.

TIME INTERVALS corresponding to the 6 periods in 24 hours in which energy need evolved from possible available ranges of spectral energy from radio to gamma rays:	1 Breath thru nasolacrimal duct into inferior lacrimal canaliculus to activate cavernous sinus 5 & Eye Apparatus:	2 Breath through superior nasal meatus to activate sphenoid sinus and the	3 Breath through Eustacean tube to activate cochlea's outer hair cells and the	4 Breath through inferior nasal meatus & incisive canal to activate RLS 3:	5 Breath through middle nasal meatus & incisive canal to activate RLS 6:	6 Breath through superior nasal meatus & incisive canal to activate LLS 10:	EXIT ROUTES for unincor-porated wave lengths of spectral energy:
8:52am-11:16am >	Part 1 <lymph>	Thymus	Kidney	Part 1	Part 1	Part 1	urethra
11:16am-4:04pm >	Part 2 <blood>	Celiac Trunk	Gallbladder	Part 2	Part 2	Part 2	armpits
4:04pm-12:52am >	Pt. 3<hormone>	Suprarenal Gland	Duodenum	Part 3	Part 3	Part 3	nipples
12:52am-7:16am >	Part 4 <DNA>	Cerebellum 5	Liver	Part 4	Part 4	Part 4	anus
7:16am-8:04am >	Part 5 <RNA>	Cerebrum 18	3rd Ventricle	Part 5	Part 5	Part 5	eye
8:04am-8:52am >	Part 6 <protein>	Cranial Nerve X	Nerve L2	Part 6	Part 6	Part 6	vagina

12/3/2014 DAY 1 BOB HOOK COMPLEX above is altered in connection with Bob Center, Lower Canine (by way of balanced, full Mt Ss 1), through aegis of the Lateral Occipitotemporal Gyrus.

Associated bones/muscles are (1) Occipital Bone - eye's dilator muscle
(2) Hyoid - transversus thoracis

(3) L2
deep masseter

(4) Trapezium
opponens pollicis

(5) Rib 9
cricothyroid, oblique part

(6) Cuneiform Medial
semitendinosus

12/4/2014 Day 2 Bob Hook Complex Aid (Bob-A) below is altered in connection with Bob-Center, L3 (by way of Mastoid Cells), in conjunction with Cranial Nerve X (Vagus).

DAY 2 BOB-A > (1) OCCIPITAL BONE - eye's sphincter muscle
Associated bones/muscles are (2) Hyoid - rectus abdominus, 2nd part

(3) L2
temporalis

(4) Trapezium
palmaris brevis

(5) Rib 9
cricopharyngeus

(6) Cuneiform Medial
articularis genu

12/5/2014 Day 3 Bob-A below is altered in connection with Bob Center, Parietal Bone's Thymus Gland.

(1) Occipital Bone - eye's orbitalis muscle
DAY 3 BOB-A > (2) HYOID - transversus abdominus

(3) L2
superficial masseter

(4) Trapezium
opponens digiti minimi

(5) Rib 9
cricothyroid, straight part

(6) Cuneiform Medial
semimembranosus

PROCESS FOR ALTERING STRUCTURES
with the following occurances proposed as associated with progress toward optimal functioning

Read boxes from left to right	**Inhalation along given tracts "to" given structures,**	**Likely causes (1) eye tracts to receive spectral energy (with surrogate aid from 6 Exit correspondents*) & intake into**	**And (2) pressure (for alteration) on**	**Exhalation with no collapse of breath tract & structures,**	**Causes (1) pressure (for alteration) on**	**And (2)**	**And (3)**
Day 1 ^ = * see page bottom for each	Superior lacrimal canaliculi "to" Superior sagittal sinuses**,**	Lower canines ^	Medial sesamoid of Mt Ss 1s^^ as well as Lateral occipitotemporal gyri^^**;**	Sup. lac. can. & Sup. sag. sinuses & 6 Exit correspondents* & Lower canines^ & Medial sesamoid of MtSs1s^^ & Lat. occipitotemporal gyri^^**,**	Lower canines ^ **And intake into** Medial sesamoid of MtSs1s^^ as well as Lat. occipitotemporal gyri ^^	Breath "to" Superior sagittal sinuses to disperse to receiving structures of the brain to serve during inhalation	Exhalation pressure brought to bear on 6 Exit correspondents* to precipitate that which*** will serve possible surrogate, specifically needed spectral energy roles during inhalation**;** unused "spectral energy" pressure of the breath cycle disperses to Exits**.
Day 2 ^ = * see below for each	Inferior lacrimal canaliculi "to" Cavernous sinuses 5**,**	As above but for L3 ^ (+ CN X, i.e. Cranial nerve X, Vagus)	As above but for the Occipital bone ^^**;**	Inf. lac. can. & Cavernous sinuses 5 & 6 Exit correspondents* & L3 ^ (+ CN X) & Occipital bone ^^**,**	L3 ^ (+ CN X) **And intake into** Occipital bone ^^	Breath "to" Cavernous sinuses 5 to disperse to receiving structures of the brain	As above
Day 3 ^ = * see below	Superior nasal meatus "to" Sphenoid sinus**,**	As above for the Parietal bone's thymus gland ^	As above for Hyoid ^^**;**	Sup. nas. m. & Sphenoid sinus & 6 Exit correspondents* & Parietal bone's thymus gland ^ & Hyoid ^^**,**	Parietal b.'s thymus gland ^ **& intake into** Hyoid ^^	Breath "to" Sphenoid sinus to disperse to receiving destinations	As above

Note: Maintain alignment of L5**/**pisiform, McSs2**/**incus, McSs1**/**hyoid, MtSs1**/**patella.

v = down arrow **Direction** of **Stretch** for **Muscles** on **Front** of **Page**

transversus thoracis - from 2nd-6th costal cartilages down to area of xiphoid/sternum, fiber progress down **v**
deep masseter - from zygomatic arch to down along anterior ramus of mandible in 24 hours
opponens pollicis - from flexor retinaculum/scaphoid/trapezium out & under to length of Mc 1 outer border
cricothyroid, oblique part - lateral from straight part (see below) to inner thyroid cartilage behind oblique line
semitendinosus - from mid-portion of posterior ishial tuberosity to medial upper tibia below gracilis insertion

rectus abdominus, 2nd part - up from 3rd part to bottom of 1st part, between lower rib drop, fiber progress **v**
temporalis - from all along side of head down to coronoid process inward
palmaris brevis - from hand's outer edge beyond pisiform to flexor retinaculum & palmar aponeurosis
cricopharyngeus - from area below pharyngeal raphe & above esophageal muscle to cricoid cartilage's side
articularis genu - from synovial bursa above patella to above lowest part of anterior femur for short distance

transversus abdominus - from area out from lower spine straight around toward linea alba, fiber progress up **v**
superficial masseter - from maxilla under zygomatic bone to coronoid process & anterior ramus in 24 hours
opponens digiti minimi - from upper flexor retinaculum & hook of hamate up & under to lateral Mc 5
cricothyroid, straight part - from front of cricoid cartilage up to inside bottom border of thyroid cartilage
semimembranosus - from ishial tuberosity lateral to semitendinosus to band at tibia's posterior medial top

^ & ^^ **:** ^ is Part 2's "Inroad Channel" (= Center of Gravity) & ^^ is the "Resulting Structure" (= Day's "Bone")

***Exit correspondents associated with Day 1, Day 2 & Day 3 structures are shown below**					**** Exits**
8:52a - 11:16a **|** Eye part 1 **|**	Thymus	Kidney	RLS 3, p.1	RLS 6, p.1	LLS 10,p.1	Urethra
11:16a - 4:04p **|** Eye part 2 **|**	Celiac Trunk	Gallbladder	part 2	part 2	part 2	Armpits
4:04p - 12:52a **|** Eye part 3 **|**	Suprarenal Gland	Duodenum	part 3	part 3	part 3	Nipples
12:52a - 7:16a **|** Eye part 4 **|**	Cerebellum 5	Liver	part 4	part 4	part 4	Anus
7:16a - 8:04a **|** Eye part 5 **|**	Cerebrum 18	3rd Ventricle	part 5	part 5	part 5	Eye
8:04a - 8:52a **|** Eye part 6 **|**	Cranial nerve X	Nerve L2	part 6	part 6	part 6	Vagina

***** That which is formed is that which is needed to serve in altering organism structures to allow the organism to continually change to accord itself to its constantly altering universe.**

8:52 a.m. 7/2/1939 HUMAN as Bob or Pendulum from Crista Galli as Hook or Pivot for 12/6 -12/8/2014

DAY 1 BOB HOOK COMPLEX is ETHMOID+LAT. MT SS/Sphenoid BONE with breath through Nasolacrimal Duct (N.D.) & Superior Lacrimal Canaliculus to activate the Superior Sagittal Sinus thereby arranging MEDIAL OCCIPITEMPORAL GYRUS to align UPPER LAYER, SECONDARY OLFACTORY SYSTEM to form Lens, "muscles" are the inferior-most 3-member set (55-57) of 3 equatorial zonular fibers per set.

DAY 2 BOB-A is PARIETAL/Femur BONE with 2nd component of breath through N.D. & Inferior Lacrimal Canaliculus to activate Cavernous Sinus 5 thereby arranging GLOSSOPHARYNGEAL NERVE (C.N. IX) to continue proper gyrus function, muscles are the dilator, sphincter and orbitalis of the eye.

DAY 3 BOB HOOK COMPLEX AID (BOB-A) is Parietal/FEMUR BONE with 3rd component of breath through Superior Nasal Meatus to activate Sphenoid Sinus thereby arranging SPINAL NERVE 19 (L3 Spinal Nerve) to continue proper gyrus function, muscles are as shown.

In order for the above described Bob Hook Complex to approach optimal function, there can be no mis-alignment of its associated bone, muscle and organ structures. In the lower set of boxed columns below, preceded in the upper set by the enabling breath tracts, and aligned to the 6 spectral energy time intervals in 24 hours at left, are the 6 spectral energy associated structures as correlated with each numbered bone further below in the dated boxes. The 3 dated boxes then show the associated bone scaffold for Femur with the muscles for each bone of the scaffold changing through the 3 dates to provide on-going bone adjustment.

TIME INTERVALS corresponding to the 6 periods in 24 hours in which energy need evolved from possible available ranges of spectral energy from radio to gamma rays:	1 Breath thru nasolacrimal duct into inferior lacrimal canaliculus to activate cavernous sinus 5 & Eye Apparatus:	2 Breath through superior nasal meatus to activate sphenoid sinus and the	3 Breath through Eustacean tube to activate cochlea's outer hair cells and the	4 Breath through inferior nasal meatus & incisive canal to activate RLS 3:	5 Breath through middle nasal meatus & incisive canal to activate RLS 6:	6 Breath through superior nasal meatus & incisive canal to activate LLS 10:	EXIT ROUTES for unincor-porated wave lengths of spectral energy:
8:52am-11:16am >	Part 1 <lymph>	Thymus	Kidney	Part 1	Part 1	Part 1	urethra
11:16am-4:04pm >	Part 2 <blood>	Celiac Trunk	Gallbladder	Part 2	Part 2	Part 2	armpits
4:04pm-12:52am >	Pt. 3<hormone>	Suprarenal Gland	Duodenum	Part 3	Part 3	Part 3	nipples
12:52am-7:16am >	Part 4 <DNA>	Cerebellum 5	Liver	Part 4	Part 4	Part 4	anus
7:16am-8:04am >	Part 5 <RNA>	Cerebrum 19	3rd Ventricle	Part 5	Part 5	Part 5	eye
8:04am-8:52am >	Part 6 <protein>	Cranial Nerve IX	Nerve L3	Part 6	Part 6	Part 6	vagina

12/6/2014 DAY 1 BOB HOOK COMPLEX above is altered in connection with Bob Center, Upper Lateral Incisor (by way of balanced, full Mt Ss 1), through aegis of the Medial Occipitotemporal Gyrus.

Associated bones/muscles are (1) Parietal Bone - eye's dilator muscle
(2) Femur - serratus anterior, upper part

(3) L3
tragicus

(4) Mc PP3
flexor pollicis brevis

(5) T10
orbicularis oris, deep fibers

(6) Mt PP3
iliacus

12/7/2014 Day 2 Bob-A below is altered in connection with Bob Center, Nasal Bone's overseen Series of Soft Tissue Structure (by way of Mastoid Cells) in conjunction with Cranial Nerve IX (Glossopharyngeal).

DAY 2 BOB-A > (1) PARIETAL BONE - eye's sphincter muscle
Associated bones/muscles are (2) Femur - rectus abdominus, 3rd part

(3) L3
helicis major

(4) Mc PP3
abductor digiti minimi

(5) T10
superior pharyngeal constrictor

(6) Mt PP3
psoas

12/8/2014 Day 3 Bob Hook Complex Aid (Bob-A) below is altered in connection with Bob Center,

DAY 3 BOB-A > (1) Parietal Bone - eye's orbitalis muscle
(2) FEMUR - serratus anterior, lower part

Parietal Bone's Celiac Trunk.

(3) L3
antitragicus

(4) Mc PP3
flexor digiti minimi brevis

(5) T10
buccinator

(6) Mt PP3
quadratus lumborum

PROCESS FOR ALTERING STRUCTURES
with the following occurances proposed as associated with progress toward optimal functioning

Read boxes from left to right	**Inhalation along given tracts "to" given structures,**	**Likely causes (1) eye tracts to receive spectral energy (with surrogate aid from 6 Exit correspondents*) & intake into**	**And (2) pressure (for alteration) on**	**Exhalation with no collapse of breath tract & structures,**	**Causes (1) pressure (for alteration) on**	**And (2)**	**And (3)**
Day 1 ^ = * see page bottom for each	Superior lacrimal canaliculi "to" Superior sagittal sinuses**,**	Upper lateral incisors ^	Lateral sesamoid of Mt Ss 1s^^ as well as Medial occipitotemporal gyri^^**;**	Sup. lac. can. & Sup. sag. si. & 6 Exit correspondents* & Upper lateral incisors ^ & Lateral sesamoid of MtSs1s^^ & Med. occipitotemporal gyri ^^**,**	Upper lateral incisors ^ **And intake into** Lateral sesamoid of MtSs1s^^ as well as Med. occipitotemporal gyri ^^	Breath "to" Superior sagittal sinuses to disperse to receiving structures of the brain to serve during inhalation	Exhalation pressure brought to bear on 6 Exit correspondents* to precipitate that which*** will serve possible surrogate, specifically needed spectral energy roles during inhalation**;** unused "spectral energy" pressure of the breath cycle disperses to Exits**.
Day 2 ^ = * see below for each	Inferior lacrimal canaliculi "to" Cavernous sinuses 5**,** (+ CN IX - Glossopharyngeal)	As above but for the Spleen, subclavian artery, pancreas + 3 others ^	As above but for the Parietal bone ^^**;**	Inf. lac. can. & Cavernous sinuses 5 & 6 Exit correspondents* & Spleen, etc.^ & Parietal bone ^^**,**	Spleen, subclavian artery, pancreas, etc. ^ (+ CN IX) **& intake into** Parietal bone ^^	Breath "to" Cavernous sinuses 5 to disperse to receiving structures of the brain	As above
Day 3 ^ = * see below	Superior nasal meatus "to" Sphenoid sinus**,**	As above for the Parietal bone's celiac trunk ^	As above for Femurs ^^**;**	Sup. nas. m. & Sphenoid sinus & 6 Exit correspondents* & Parietal bone's celiac trunk ^ & Femurs ^^**,**	Parietal bone's celiac trunk ^ **& intake into** Femurs ^^	Breath "to" Sphenoid sinus to disperse to receiving destinations	As above

Note: Maintain alignment of L5**/**pisiform, McSs2**/**incus, McSs1**/**hyoid, MtSs1**/**patella.

v = down arrow **Direction** of **Stretch** for **Muscles** on **Front** of **Page**

serratus anterior, upper part - from front bodies of ribs 2-1 to superior border and/or angle of scapula, fiber **v** progress upward thru 24 hours
tragicus - from ear's lower notch toward upper notch
flexor pollicis brevis - from flexor retinaculum & capitate, trapezium & trapezoid to outside base of Mc PP1
orbicularis oris, deep fibers - underlying intrinsic fibers around mouth to medial lower lip, outer fibers first
iliacus - from anterior iliac crest down fossa to lesser trochanter at inner top of femur

rectus abdominus, 3rd part - from just above navel at top of 4th part up to bottom of 2nd part, fiber progress **v** inward in 24 hours
helicis major - from along front of helix down to notch above the tragus
abductor digiti minimi - from outside base of Mc PP5 to pisiform / flexor carpi ulnaris tendon along outer hand
superior pharyngeal constrictor**-**from pharyngeal raphe top to pterygoid hamulus**,** pterygomandibular & **v** mylohyoid raphes & tongue
psoas - from lesser trochanter at inner top of femur up to L4-L1 and T12

serratus anterior, lower part -from front bodies of ribs 9-2 to front medial border and angles (tips) of scapula **v** with fiber progress upward through 24 hours
antitragicus - from ear's lower notch back along antihelix
flexor digiti minimi brevis - from front lateral forward hamate (hamulus) & flexor retinaculum to Mc PP5 base
buccinator - from pterygomandibular raphe/lateral alveolar processes to blend in lip fibers & cross at mouth angles
quadratus lumborum - from medial 1/2 of 12th rib & lumbar transverse processes down to medial iliac crest

^ & ^^ **:** ^ is Part 2's "Inroad Channel" (= Center of Gravity) & ^^ is the "Resulting Structure" (= Day's "Bone")

***Exit correspondents associated with Day 1, Day 2 & Day 3 structures are shown below**						**** Exits**
8:52a - 11:16a **|** Eye part 1 **|**	Thymus	Kidney	RLS 3, p.1	RLS 6, p.1	LLS 10,p.1	Urethra
11:16a - 4:04p **|** Eye part 2 **|**	Celiac Trunk	Gallbladder	part 2	part 2	part 2	Armpits
4:04p - 12:52a **|** Eye part 3 **|**	Suprarenal Gland	Duodenum	part 3	part 3	part 3	Nipples
12:52a - 7:16a **|** Eye part 4 **|**	Cerebellum 5	Liver	part 4	part 4	part 4	Anus
7:16a - 8:04a **|** Eye part 5 **|**	Cerebrum 19	3rd Ventricle	part 5	part 5	part 5	Eye
8:04a - 8:52a **|** Eye part 6 **|**	Cranial nerve IX	Nerve L3	part 6	part 6	part 6	Vagina

***** That which is formed is that which is needed to serve in altering organism structures to allow the organism to continually change to accord itself to its constantly altering universe.**

8:52 a.m. 7/2/1939 HUMAN as Bob or Pendulum from Crista Galli as Hook or Pivot for 12/9 -12/11/2014

DAY 1 BOB HOOK COMPLEX is Ethmoid/SPHENOID+MED.MT SS BONE with breath through Nasolacrimal Duct (N.D.) & Superior Lacrimal Canaliculus to activate the Superior Sagittal Sinus thereby arranging PARAHIPPOCAMPAL GYRUS to align UPPER LAYER, SECONDARY OLFACTORY SYSTEM to form Lens, "muscles" are the lower, medial quadrant 3-member set (58-60) of 3 equatorial zonular fibers per set.

DAY 2 BOB-A is OCCIPITAL/Tibia BONE with 2nd component of breath through Nasolacrimal Duct & Inferior Lacrimal Canaliculus to activate Cavernous Sinus 5 thereby arranging VAGUS NERVE (C.N. X) to continue proper gyrus function, muscles are the dilator, sphincter and orbitalis of the eye.

DAY 3 BOB HOOK COMPLEX AID (BOB-A) is Occipital/TIBIA BONE with 3rd component of breath through Superior Nasal Meatus to activate Sphenoid Sinus thereby arranging SPINAL NERVE 20 (L4 Spinal Nerve) to continue proper gyrus function, muscles are as shown.

In order for the above described Bob Hook Complex to approach optimal function, there can be no mis-alignment of its associated bone, muscle and organ structures. In the lower set of boxed columns below, preceded in the upper set by the enabling breath tracts, and aligned to the 6 spectral energy time intervals in 24 hours at left, are the 6 spectral energy associated structures as correlated with each numbered bone further below in the dated boxes. The 3 dated boxes then show the associated bone scaffold for Tibia with the muscles for each bone of the scaffold changing through the 3 dates to provide on-going bone adjustment.

TIME INTERVALS corresponding to the 6 periods in 24 hours in which energy need evolved from possible available ranges of spectral energy from radio to gamma rays:	1 Breath thru nasolacrimal duct into inferior lacrimal canaliculus to activate cavernous sinus 5 & Eye Apparatus:	2 Breath through superior nasal meatus to activate sphenoid sinus and the	3 Breath through Eustacean tube to activate cochlea's outer hair cells and the	4 Breath through inferior nasal meatus & incisive canal to activate RLS 3:	5 Breath through middle nasal meatus & incisive canal to activate RLS 6:	6 Breath through superior nasal meatus & incisive canal to activate LLS 10:	EXIT ROUTES for unincor-porated wave lengths of spectral energy:
8:52am-11:16am >	Part 1 <lymph>	Thymus	Kidney	Part 1	Part 1	Part 1	urethra
11:16am-4:04pm >	Part 2 <blood>	Celiac Trunk	Gallbladder	Part 2	Part 2	Part 2	armpits
4:04pm-12:52am >	Pt. 3<hormone>	Suprarenal Gland	Duodenum	Part 3	Part 3	Part 3	nipples
12:52am-7:16am >	Part 4 <DNA>	Cerebellum 5	Liver	Part 4	Part 4	Part 4	anus
7:16am-8:04am >	Part 5 <RNA>	Cerebrum 20	3rd Ventricle	Part 5	Part 5	Part 5	eye
8:04am-8:52am >	Part 6 <protein>	Cranial Nerve X	Nerve L4	Part 6	Part 6	Part 6	vagina

12/9/2014 DAY 1 BOB HOOK COMPLEX above is altered in connection with Bob Center, Lower Lateral Incisor (by way of balanced, full Mt Ss 1), through aegis of the Parahippocampal Gyrus.

Associated bones/muscles are (1) Occipital Bone - eye's dilator muscle

(2) Tibia - serratus posterior superior

(3) L4
procerus

(4) Mc 1
interosseous palmar

(5) Rib 10
digastric, anterior belly

(6) Mt 1
gluteus minimus

12/10/2014 Day 2 Bob Hook Complex Aid (Bob-A) below is altered in connection with Bob-Center, L3 (by way of Mastoid Cells), in conjunction with Cranial Nerve X (Vagus).

DAY 2 BOB-A > (1) OCCIPITAL BONE - eye's sphincter muscle

Associated bones/muscles are (2) Tibia - rectus abdominus, 4th/5th part

(3) L4
occipitofrontalis (epicranius)

(4) Mc 1
interosseous lumbrical

(5) Rib 10
middle pharyngeal constrictor

(6) Mt 1
gluteus maximus

12/11/2014 Day 3 Bob-A below is altered in connection with Bob Center, Parietal Bone's Suprarenal Gland.

(1) Occipital Bone - eye's orbitalis muscle

DAY 3 BOB-A > (2) TIBIA - serratus posterior inferior

(3) L4
corrugator supercilii

(4) Mc 1
interosseous dorsal

(5) Rib 10
digastric, posterior belly

(6) Mt 1
gluteus medius

PROCESS FOR ALTERING STRUCTURES
with the following occurances proposed as associated with progress toward optimal functioning

Read boxes from left to right	**Inhalation along given tracts "to" given structures,**	**Likely causes (1) eye tracts to receive spectral energy (with surrogate aid from 6 Exit correspondents*) & intake into**	**And (2) pressure (for alteration) on**	**Exhalation with no collapse of breath tract & structures,**	**Causes (1) pressure (for alteration) on**	**And (2)**	**And (3)**
Day 1 ^ = * see page bottom for each	Superior lacrimal canaliculi "to" Superior sagittal sinuses**,**	Lower lateral incisors ^	Medial sesamoid of Mt Ss 1s^^ as well as Parahippocampal gyri ^^**;**	Sup. lac. can. & Sup. sag. si. & 6 Exit correspondents* & Lower lateral incisors ^ & Medial sesamoid of Mt Ss 1s ^^ & Parahippocampal gyri ^^**,**	Lower lateral incisors ^ **And intake into** Medial sesamoid of MtSs1s^^ as well as Parahippocampal gyri ^^	Breath "to" Superior sagittal sinuses to disperse to receiving structures of the brain to serve during inhalation	Exhalation pressure brought to bear on 6 Exit correspondents* to precipitate that which*** will serve possible surrogate, specifically needed spectral energy roles during inhalation**;** unused "spectral energy" pressure of the breath cycle disperses to Exits**.
Day 2 ^ = * see below for each	Inferior lacrimal canaliculi "to" Cavernous sinuses 5**,**	As above but for L3 ^ (+ CN X, i.e. Cranial nerve X, Vagus)	As above but for the Occipital bone ^^**;**	Inf. lac. can. & Cavernous sinuses 5 & 6 Exit correspondents* & L3 ^ (+ CN X) & Occipital bone ^^**,**	L3 ^ (+ CN X) **And intake into** Occipital bone ^^	Breath "to" Cavernous sinuses 5 to disperse to receiving structures of the brain	As above
Day 3 ^ = * see below	Superior nasal meatus "to" Sphenoid sinus**,**	As above for Parietal bone's suprarenal glands ^	As above for Tibias ^^**;**	Sup. nas. m. & Sphenoid sinus & 6 Exit correspondents* & Parietal bone's suprarenal glands ^ & Tibias ^^**,**	Parietal b.'s suprarenal glands ^ **& intake into** Tibias ^^	Breath "to" Sphenoid sinus to disperse to receiving destinations	As above

Note: Maintain alignment of L5**/**pisiform, McSs2**/**incus, McSs1**/**hyoid, MtSs1**/**patella.

v & **^** = down & up arrows **Direction** of **Stretch** for **Muscles** on **Front** of **Page**

serratus posterior superior - from area of C6-C7, T1-T2 down to superior border of ribs 2-5 near angle, fiber **v**
procerus - from area of upper nasal bone juncture up into skin between eyebrows progress up in 24 hrs
interosseous palmar - from medial Mc 2 to Mc PP2 base & from lateral Mc 4-5 to Mc PP4-5 bases
digastric, anterior belly - from behind central inner chin to loop up from hyoid bone's lesser horn area
gluteus minimus - from lower posterior gluteal surface to outer front of greater trochanter

rectus abdominus, 4th/5th part - from area above top of pubis up to bottom of 3rd part at navel forehead
occipitofrontalis (epicranius) - from lateral back of head over epicranial aponeurosis, spreading down across**^**
interosseous lumbrical - from lateral side of Mc PP2-5 back to same of palmar tendons over Mc 2-3 & Mc **v**
middle pharyngeal constrictor - from pharyngeal raphe to hyoid bone's horns 3-5 interior both sides
gluteus maximus - from upper outer posterior femur to hip back edge/sacrum/coccyx/sacrotuberous ligament

serratus posterior inferior - from area of L2-L1, T12-T11 up to inferior border of ribs 12-9 near angle, up in 24
corrugator supercilii - from bone lip above eye's inner corner obliquely up and out to bone above mid-orbit
interosseous dorsal -2 heads interiorly from 5 Mc bones to lateral Mc PP2, lateral & medial Mc PP3 & medi- **v**
digastric, posterior belly - from mastoid process to loop up from hyoid bone's lesser horn area al Mc PP4
gluteus medius -from upper posterior gluteal surface below iliac crest to greater trochanter's top & lateral side

^ & ^^ **:** ^ is Part 2's "Inroad Channel" (= Center of Gravity) & ^^ is the "Resulting Structure" (= Day's "Bone")

***Exit correspondents associated with Day 1, Day 2 & Day 3 structures are shown below**						** Exits
8:52a - 11:16a **|** Eye part 1 **|**	Thymus	Kidney	RLS 3, p.1	RLS 6, p.1	LLS 10,p.1	Urethra
11:16a - 4:04p **|** Eye part 2 **|**	Celiac Trunk	Gallbladder	part 2	part 2	part 2	Armpits
4:04p - 12:52a **|** Eye part 3 **|**	Suprarenal Gland	Duodenum	part 3	part 3	part 3	Nipples
12:52a - 7:16a **|** Eye part 4 **|**	Cerebellum 5	Liver	part 4	part 4	part 4	Anus
7:16a - 8:04a **|** Eye part 5 **|**	Cerebrum 20	3rd Ventricle	part 5	part 5	part 5	Eye
8:04a - 8:52a **|** Eye part 6 **|**	Cranial nerve X	Nerve L4	part 6	part 6	part 6	Vagina

***** That which is formed is that which is needed to serve in altering organism structures to allow the organism to continually change to accord itself to its constantly altering universe.**

8:52 a.m. 7/2/1939 HUMAN as Bob or Pendulum from Crista Galli as Hook or Pivot for 12/12-12/14/2014

DAY 1 BOB HOOK COMPLEX is ETHMOID/Sphenoid BONE with breath through Nasolacrimal Duct (N.D.) & Superior Lacrimal Canaliculus to activate the Sigmoid/Transverse Sinus thereby arranging the LONG GYRUS to align APPARATUS OF EYE ITSELF to form Lens for spectral energy transmission, "muscles" are the medial-most 3-member set (1-3) of 3 equatorial zonular fibers per set.

DAY 2 BOB-A is TEMPORAL BONE/Xiphoid Process with 2nd component of breath through N.D. & Inferior Lacrimal Canaliculus to activate Cavernous Sinus 1 thereby arranging OLFACTORY NERVE (C.N. I) to continue proper gyrus function, muscles are the dilator, sphincter and orbitalis of the eye.

DAY 3 BOB HOOK COMPLEX AID (BOB-A) is T1/Mt 5 with 3rd component of breath through Middle Nasal Meatus & Incisive Canal to activate RLS 4 thereby arranging SPINAL NERVE 1 (C5 Spinal Nerve) to continue proper gyrus function, muscles are as shown.

In order for the above described Bob Hook Complex to approach optimal function, there can be no mis-alignment of its associated bone, muscle and organ structures. In the lower set of boxed columns below, preceded in the upper set by the enabling breath tracts, and aligned to the 6 spectral energy time intervals in 24 hours at left, are the 6 spectral energy associated structures as correlated with each numbered bone further below in the dated boxes. The 3 dated boxes then show the associated bone scaffold for T1 with the muscles for each bone of the scaffold changing through the 3 dates to provide on-going bone adjustment.

TIME INTERVALS corresponding to the 6 periods in 24 hours in which energy need evolved from possible available ranges of spectral energy from radio to gamma rays:	1 Breath thru nasolacrimal duct into inferior lacrimal canaliculus to activate cavernous sinus 1 & Eye Apparatus:	2 Breath through frontonasal duct to activate frontal sinus and the	3 Breath through Eustacean tube to activate anterior semicircular duct ampulla and the	4 Breath through inferior nasal meatus & incisive canal to activate RLS 1:	5 Breath through middle nasal meatus & incisive canal to activate RLS 4:	6 Breath through superior nasal meatus & incisive canal to activate LLS 7+8:	EXIT ROUTES for unincor-porated wave lengths of spectral energy:
8:52am-11:16am >	Part 1 <lymph>	Bone Marrow	Kidney	Part 1	Part 1	Part 1	urethra
11:16am-4:04pm >	Part 2 <blood>	Carotid Artery	Gallbladder	Part 2	Part 2	Part 2	armpits
4:04pm-12:52am >	Part 3<hormone>	Pineal Gland	Duodenum	Part 3	Part 3	Part 3	nipples
12:52am-7:16am >	Part 4 <DNA>	Cerebellum 1	Liver	Part 4	Part 4	Part 4	anus
7:16am-8:04am >	Part 5 <RNA>	Cerebrum 1	Lat.Vent., R.F.	Part 5	Part 5	Part 5	eye
8:04am-8:52am >	Part 6 <protein>	Cranial Nerve I	Nerve C5	Part 6	Part 6	Part 6	vagina

12/12/2014 DAY 1 BOB HOOK COMPLEX above (ETHMOID BONE brought forth in forming cerebrum) was originated, & is altered, in connection with Bob Center, S3 (by way of ingress of outside environment), through aegis of the Long Gyrus.

Associated bones/muscles are

(1) Temporal Bone - eye's dilator muscle
(2) Xiphoid Process - ciliaris, longitudinal fibers
(3) C1 ciliaris, longitudinal fibers
(4) Mc 5 ciliaris, longitudinal fibers
(5) T1 ciliaris, longitudinal fibers
(6) Mt 5 ciliaris, longitudinal fibers

12/13/2014 Day 2 Bob-A below is altered in connection with Bob-Center, Parietal Bone's overseen Series of Soft Tissue Structure (by way of Frontal Sinus), in conjunction with Cranial Nerve XI (Accessory).

DAY 2 BOB-A >

Associated bones/muscles are

(1) TEMPORAL BONE - eye's sphincter muscle
(2) Xiphoid Process - ciliaris, circular fibers
(3) C1 ciliaris, circular fibers
(4) Mc 5 ciliaris, circular fibers
(5) T1 ciliaris, circular fibers
(6) Mt 5 ciliaris, circular fibers

12/14/2014 Day 3 Bob Hook Complex Aid (Bob-A) below is altered in connection with Bob Center, Lower 1st Pre-molar.

(1) Temporal Bone - eye's orbitalis muscle
(2) Xiphoid Process - ciliaris, radial fibers
(3) C1 ciliaris, radial fibers
(4) Mc 5 ciliaris, radial fibers
(5) T1 > DAY 3 BOB-A ciliaris, radial fibers
(6) Mt 5 ciliaris, radial fibers

PROCESS FOR ALTERING STRUCTURES (see Text at beginning of Part 5 for elucidation)
with the following occurances proposed as associated with progress toward optimal functioning

Read boxes from left to right	**Inhalation along given tracts "to" given structures,**	**Likely causes (1) eye tracts to receive spectral energy (with surrogate aid from 6 Exit correspondents*) & intake into**	**And (2) pressure (for alteration) on**	**Exhalation with no collapse of breath tract & structures,**	**Causes (1) pressure (for alteration) on**	**And (2)**	**And (3)**
Day 1 ^ = * see page bottom for each	Superior lacrimal canaliculi "to" Sigmoid/ transverse sinuses,	S3 ^	Ethmoid bone ^^ (+ cerebrum) & Long gyri ^^;	Sup.lac.can. & Sig./trans. sinuses & 6 Exit correspondents* & S3 ^ & Ethmoid bone ^^ (+ cerebrum) & Long gyri ^^,	**And intake into** Ethmoid bone ^^ (+ cerebrum) & Long gyri ^^	Breath "to" Sigmoid/ transverse sinuses to disperse to receiving structures of the brain to serve during inhalation	Exhalation pressure brought to bear on 6 Exit correspondents* to precipitate that which*** will serve possible surrogate, specifically needed spectral energy roles during inhalation; unused "spectral energy" pressure of the breath cycle disperses to Exits**.
Day 2 ^ = * see below for each	Inferior lacrimal canaliculi "to" Cavernous sinuses 1, (+ CN XI - Accessory)	As above but for the Thymus, celiac trunk, suprarenal glands + 3 others ^	As above but for the Temporal bones ^^;	Inf. lac. can. & Cavernous sinuses 1 & 6 Exit correspondents* & Thymus, etc.^ & Temporal bones ^^,	Thymus, celiac trunk, suprarenal glands, etc.^ (+ CN XI) **& intake into** Temporal bones ^^	Breath "to" Cavernous sinuses 1 to disperse to receiving structures of the brain	As above
Day 3 ^ = * see below	Middle nasal meatus & incisive canal "to" RLS 4,	As above but for Lower 1st pre-molars ^	As above but for T1 ^^;	Mid. nas. m. & RLS 4 & 6 Exit correspondents* & Lower 1st pre-molars ^ & T1 ^^,	Lower 1st pre-molars ^ **And intake into** T1 ^^	Breath "to" RLS 4 to disperse to lung part destinations	As above

Note: Maintain alignment of L5**/**pisiform, McSs2**/**incus, McSs1**/**hyoid, MtSs1**/**patella.

Commentary on the Ciliaris Muscle and Possible Sensation of Directions of Stretch of Its 3 Fibers

Of the 3 layers of the eyeball, the middle one contains the choroid sweeping around the back of the eyeball with the ciliary body and iris forming the front of the layer. The ciliary muscle of the ciliary body brings about the change in the shape of the lens of the eye. For bringing a near object into focus a thicker, more convex lens is required. This thicker, more convex lens is formed by pulling forward the ciliary body and the connecting choroid in order to relieve tension on zonular fibers connecting the ciliary body and the lens. The longitudinal, circular and radial fibers of the ciliaris muscle manipulate the ciliary body. It is possible the addition of all subsequent muscles to the body (as well as other structures) serve ultimately to manipulate the ciliary body to shape the lens while attempting always to align the fovea centralis to the hyaloid canal.

Day 1, Day 2 and Day 3 muscles below each serves on its day for the xiphoid process, C1, Mc 5, T1 & Mt 5.

ciliaris, longitudinal fibers - sensation of fibers curving perpendicularly backward through ciliary body from direction of iris toward choroid starting at top front of ciliary-body part of eyeball and progressing in top-to-bottom rows around eyeball in 24 hours, perpendicularly from direction of iris.

ciliaris, circular fibers - sensation of fibers curving through ciliary body parallel to lens in circular bands from bottom of eyeball to top with band origins progressing from back to front along bottom of ciliary body.

ciliaris, radial fibers - sense of most internal fiber/s curving obliquely from area of last reach of circular fiber (at top front of ciliary-body) ultimately straightening in 24 hours toward top back of eyeball.

^ & ^^ **:** ^ is Part 2's "Inroad Channel" (= Center of Gravity) & ^^ is the "Resulting Structure" (= Day's "Bone")

***Exit correspondents associated with Day 1, Day 2 & Day 3 structures are shown below**						**** Exits**
8:52a - 11:16a **|** Eye part 1 **|**	Bone Marrow	Kidney	RLS 1, p.1	RLS 4, p.1	LLS7+8,p.1	Urethra
11:16a - 4:04p **|** Eye part 2 **|**	Carotid Artery	Gallbladder	part 2	part 2	part 2	Armpits
4:04p - 12:52a **|** Eye part 3 **|**	Pineal Gland	Duodenum	part 3	part 3	part 3	Nipples
12:52a - 7:16a **|** Eye part 4 **|**	Cerebellum 1	Liver	part 4	part 4	part 4	Anus
7:16a - 8:04a **|** Eye part 5 **|**	Cerebrum 1	Lat.Vent., R.F.	part 5	part 5	part 5	Eye
8:04a - 8:52a **|** Eye part 6 **|**	Cranial nerve I	Nerve C5	part 6	part 6	part 6	Vagina

***** Being that which is needed to allow constant organism alteration for constant universe change.**

8:52 a.m. 7/2/1939 HUMAN as Bob or Pendulum from Crista Galli as Hook or Pivot for 12/15-12/17/2014

DAY 1 BOB HOOK COMPLEX is Ethmoid/SPHENOID BONE with breath through Nasolacrimal Duct (N.D.) & Superior Lacrimal Canaliculus to activate the Sigmoid/Transverse Sinus thereby arranging the SHORT GYRUS to align APPARATUS OF EYE ITSELF to form Lens for spectral energy transmission, "muscles" are the upper, medial quadrant 3-member set (4-6) of 3 equatorial zonular fibers per set.

DAY 2 BOB-A is ZYGOMATIC/Sternum BONE with 2nd component of breath through N.D. & Inferior Lacrimal Canaliculus to activate Cavernous Sinus 1 thereby arranging OPTIC NERVE (C.N. II) to continue proper gyrus function, muscles are the dilator, sphincter and orbitalis of the eye.

DAY 3 BOB HOOK COMPLEX AID (BOB-A) is RIB 1/Mt 2 with 3rd component of breath through Middle Nasal Meatus & Incisive Canal to activate RLS 4 thereby arranging SPINAL NERVE 2 (C6 Spinal Nerve) to continue proper gyrus function, muscles are as shown.

In order for the above described Bob Hook Complex to approach optimal function, there can be no mis-alignment of its associated bone, muscle and organ structures. In the lower set of boxed columns below, preceded in the upper set by the enabling breath tracts, and aligned to the 6 spectral energy time intervals in 24 hours at left, are the 6 spectral energy associated structures as correlated with each numbered bone further below in the dated boxes. The 3 dated boxes then show the associated bone scaffold for Rib 1 with the muscles for each bone of the scaffold changing through the 3 dates to provide on-going bone adjustment.

TIME INTERVALS corresponding to the 6 periods in 24 hours in which energy need evolved from possible available ranges of spectral energy from radio to gamma rays:	**1** Breath thru nasolacrimal duct into inferior lacrimal canaliculus to activate cavernous sinus 1 & Eye Apparatus:	**2** Breath through frontonasal duct to activate frontal sinus and the	**3** Breath through Eustacean tube to activate anterior semicircular duct ampulla and the	**4** Breath through inferior nasal meatus & incisive canal to activate RLS 1:	**5** Breath through middle nasal meatus & incisive canal to activate RLS 4:	**6** Breath through superior nasal meatus & incisive canal to activate LLS 7+8:	**EXIT ROUTES** for unincor-porated wave lengths of spectral energy:
8:52am-11:16am >	Part 1 <lymph>	Bone Marrow	Kidney	Part 1	Part 1	Part 1	urethra
11:16am-4:04pm >	Part 2 <blood>	Carotid Artery	Gallbladder	Part 2	Part 2	Part 2	armpits
4:04pm-12:52am >	Part 3<hormone>	Pineal Gland	Duodenum	Part 3	Part 3	Part 3	nipples
12:52am-7:16am >	Part 4 <DNA>	Cerebellum 1	Liver	Part 4	Part 4	Part 4	anus
7:16am-8:04am >	Part 5 <RNA>	Cerebrum 2	Lat.Vent., R.F.	Part 5	Part 5	Part 5	eye
8:04am-8:52am >	Part 6 <protein>	Cranial Nerve II	Nerve C6	Part 6	Part 6	Part 6	vagina

12/15/2014 DAY 1 BOB HOOK COMPLEX above (SPHENOID BONE brought forth in forming cerebellum) was originated, & is altered, in connection with Bob Center, C5 (by way of ingress of outside environment), through aegis of the Short Gyrus.

Associated bones/muscles are

(1) Zygomatic Bone - eye's dilator muscle

(2) Sternum - uterus/scrotum, longitudinal fibers

(3) C2
uterus/scrotum, longitudinal fibers

(4) Mc 2
uterus/scrotum, longitudinal fibers

(5) Rib 1
uterus/scrotum, longitudinal fibers

(6) Mt 2
uterus/scrotum, longitudinal fibers

12/16/2014 Day 2 Bob Hook Complex Aid (Bob-A) below is altered in connection with Bob-Center, L4 (by way of Frontal Sinus), in conjunction with Cranial Nerve XII (Hypoglossal).

DAY 2 BOB-A >

Associated bones/muscles are

(1) ZYGOMATIC BONE - eye's sphincter muscle

(2) Sternum - uterus/scrotum, circular fibers

(3) C2
uterus/scrotum, circular fibers

(4) Mc 2
uterus/scrotum, circular fibers

(5) Rib 1
uterus/scrotum, circular fibers

(6) Mt 2
uterus/scrotum, circular fibers

12/17/2014 Day 3 Bob Hook Complex Aid below is altered in connection with Bob Center, Upper 1st Pre-molar.

(1) Zygomatic Bone - eye's orbitalis muscle

(2) Sternum - uterus/scrotum, radial fibers

(3) C2
uterus/scrotum, radial fibers

(4) Mc 2
uterus/scrotum, radial fibers

(5) RIB 1 > DAY 3 BOB-A
uterus/scrotum, radial fibers

(6) Mt 2
uterus/scrotum, radial fibers

PROCESS FOR ALTERING STRUCTURES as associated with progress toward optimal functioning

Read boxes from left to right	Inhalation along given tracts "to" given structures,	Likely causes (1) eye tracts to receive spectral energy (with surrogate aid from 6 Exit correspondents*) & intake into C5 ^	And (2) pressure (for alteration) on	Exhalation with no collapse of breath tract & structures,	Causes (1) pressure (for alteration) on	And (2)	And (3)
Day 1 ^ = * see page bottom for each	Superior lacrimal canaliculi "to" Sigmoid/ transverse sinuses,		Sphenoid bone ^^ (+ cerebellum) & Short gyri ^^;	Sup.lac.can. & Sig./trans. sinuses & 6 Exit correspondents* & C5 ^ & Sphenoid bone ^^ (+ cerebellum) & Short gyri ^^,	**And intake into** Sphenoid bone ^^ (+ cerebellum) & Short gyri ^^	Breath "to" Sigmoid/ transverse sinuses to disperse to receiving structures of the brain to serve during inhalation	Exhalation pressure brought to bear on 6 Exit correspondents* to precipitate that which*** will serve possible surrogate, specifically needed spectral energy roles during inhalation; unused "spectral energy" pressure of the breath cycle disperses to Exits**.
Day 2 ^ = * see below for each	Inferior lacrimal canaliculi "to" Cavernous sinuses 1,	As above but for L4 ^ (+ CN XII, i.e. Cranial nerve XII, Hypoglossal)	As above but for the Zygomatic bones ^^;	Inf. lac. can. & Cavernous sinuses 1 & 6 Exit correspondents* & L4^ (+ CN XII) & Zygomatic bones ^^,	L4 ^ (+ CN XII) **And intake into** Zygomatic bones ^^	Breath "to" Cavernous sinuses 1 to disperse to receiving structures of the brain	As above
Day 3 ^ = * see below	Middle nasal meatus & incisive canal "to" RLS 4,	As above but for Upper 1st pre-molars ^	As above but for Rib 1s ^^;	Mid. nas. m. & RLS 4 & 6 Exit correspondents* & Upper 1st pre-molars ^ & Rib 1s ^^,	Upper 1st pre-molars ^ **And intake into** Rib 1s ^^	Breath "to" RLS 4 to disperse to lung part destinations	As above

Commentary on Uterus/Scrotum Muscle & Possible Sensation of Directions of Stretch of Its 3 Fibers

The muscle for the body's second scaffold of bones is either the uterus or the scrotum, the only differently located muscularly developed structures of the body associated with a single bone, with the different locations of the two muscles, which serve the same bone in female and male, perhaps being the source of the differentiation of the sexes. Only the uterus is considered here. It opens into the top of the vagina which extends behind the urethra and the bladder, the latter being at the lower front of the body behind the pubic symphysis. From its opening into the vagina's top, beyond the bladder's top rear, the uterus curves over the bladder toward the body's front. As with the ciliary muscle, there are longitudinal, circular & radial muscle fibers.

uterus/scrotum, longitudinal fibers - sensation of fibers extending first along top of uterus from above its cervical opening into vagina out to / over the fundus of uterus at its extension over the bladder toward the front wall of the body - with subsequent fibers laterally paralleling the first fibers. This muscle serves for the sternum, C2, Mc 2, rib 1, and Mt 2 as Day 1 bones.

uterus/scrotum, circular fibers - sense of circular bands of fibers proceeding (from bottom side) along fallopian tubes toward uterus & then, parallel, enlarging bands proceeding across uterus over its fundus & around its side so the two sets of bands crisscross one another along the top and bottom of uterus seguing into circular bands around the uterus as it approaches its cervical opening into the vagina. This muscle serves the sternum, C2, Mc 2, rib 1 and Mt 2 as Day 2 bones **as does the one below when they are Day 3 bones**.

uterus/scrotum, radial fibers - sense of most internal fiber/s curving obliquely from area of last reach of circular fibers thru uterus & fallopian tubes, fibers straightening in 24 hours toward end of 1st longitudinal fiber.

^ & ^^ **:** ^ is Part 2's "Inroad Channel" (= Center of Gravity) & ^^ is the "Resulting Structure" (= Day's "Bone")

*Exit correspondents associated with Day 1, Day 2 & Day 3 structures are shown below						** Exits
8:52a - 11:16a | Eye part 1 |	Bone Marrow	Kidney	RLS 1, p.1	RLS 4, p.1	LLS7+8,p.1	Urethra
11:16a - 4:04p | Eye part 2 |	Carotid Artery	Gallbladder	part 2	part 2	part 2	Armpits
4:04p - 12:52a | Eye part 3 |	Pineal Gland	Duodenum	part 3	part 3	part 3	Nipples
12:52a - 7:16a | Eye part 4 |	Cerebellum 1	Liver	part 4	part 4	part 4	Anus
7:16a - 8:04a | Eye part 5 |	Cerebrum 2	Lat.Vent., R.F.	part 5	part 5	part 5	Eye
8:04a - 8:52a | Eye part 6 |	Cranial nerve II	Nerve C6	part 6	part 6	part 6	Vagina

***** Being that which is needed to allow constant organism alteration for constant universe change.**

8:52 a.m. 7/2/1939 HUMAN as Bob or Pendulum from Crista Galli as Hook or Pivot for 12/18-12/20/2014

DAY 1 BOB HOOK COMPLEX is ETHMOID/Sphenoid BONE with breath through Nasolacrimal Duct (N.D.) & Superior Lacrimal Canaliculus to activate the Sigmoid/Transverse Sinus thereby arranging the DENTATE GYRUS to align ANTERIOR SEMICIRCULAR DUCT AMPULLA to form Lens,
"muscles" are the upper, medial quadrant 3-member set (7-9) of 3 equatorial zonular fibers per set.

DAY 2 BOB-A is TEMPORAL/Manubrium BONE with 2nd component of breath through N.D. & Inferior Lacrimal Canaliculus to activate Cavernous Sinus 1 thereby arranging OLFACTORY NERVE (C.N. I) to continue proper gyrus function, muscles are the dilator, sphincter and orbitalis of the eye.

DAY 3 BOB HOOK COMPLEX AID (BOB-A) is T2/Mt PP5 with 3rd component of breath through Middle Nasal Meatus & Incisive Canal to activate RLS 4 thereby arranging SPINAL NERVE 3 (C7 Spinal Nerve) to continue proper gyrus function, muscles are as shown.

In order for the above described Bob Hook Complex to approach optimal function, there can be no mis-alignment of its associated bone, muscle and organ structures. In the lower set of boxed columns below, preceded in the upper set by the enabling breath tracts, and aligned to the 6 spectral energy time intervals in 24 hours at left, are the 6 spectral energy associated structures as correlated with each numbered bone further below in the dated boxes. The 3 dated boxes then show the associated bone scaffold for T2 with the muscles for each bone of the scaffold changing through the 3 dates to provide on-going bone adjustment.

TIME INTERVALS corresponding to the 6 periods in 24 hours in which energy need evolved from possible available ranges of spectral energy from radio to gamma rays:	**1** Breath thru nasolacrimal duct into inferior lacrimal canaliculus to activate cavernous sinus 1 & Eye Apparatus:	**2** Breath through frontonasal duct to activate frontal sinus and the	**3** Breath through Eustacean tube to activate anterior semicircular duct ampulla and the	**4** Breath through inferior nasal meatus & incisive canal to activate RLS 1:	**5** Breath through middle nasal meatus & incisive canal to activate RLS 4:	**6** Breath through superior nasal meatus & incisive canal to activate LLS 7+8:	**EXIT ROUTES** for unincor-porated wave lengths of spectral energy:
8:52am-11:16am >	Part 1 <lymph>	Bone Marrow	Kidney	Part 1	Part 1	Part 1	urethra
11:16am-4:04pm >	Part 2 <blood>	Carotid Artery	Gallbladder	Part 2	Part 2	Part 2	armpits
4:04pm-12:52am >	Part 3<hormone>	Pineal Gland	Duodenum	Part 3	Part 3	Part 3	nipples
12:52am-7:16am >	Part 4 <DNA>	Cerebellum 1	Liver	Part 4	Part 4	Part 4	anus
7:16am-8:04am >	Part 5 <RNA>	Cerebrum 3	Lat.Vent., R.F.	Part 5	Part 5	Part 5	eye
8:04am-8:52am >	Part 6 <protein>	Cranial Nerve I	Nerve C7	Part 6	Part 6	Part 6	vagina

12/18/2014 DAY 1 BOB HOOK COMPLEX above is altered in connection with Bob Center, Maxilla Alveolar Process (by way of Ethmoid Cells), through aegis of the Dentate Gyrus.

Associated bones/muscles are (1) Temporal Bone - eye's dilator muscle
(2) Manubrium - levator palpebrae superioris, superficial lamella
(3) C3 levator palpebrae superioris, superficial lamella
(5) T2 levator palpebrae superioris, superficial lamella
(4) Mc PP5 levator palpebrae superioris, superficial lamella
(6) Mt PP5 levator palpebrae superioris, superficial lamella

12/19/2014 Day 2 Bob-A below is altered in connection with Bob-Center, Parietal Bone's overseen Series of Soft Tissue Structure (by way of Frontal Sinus), in conjunction with Cranial Nerve XI (Accessory).

DAY 2 BOB-A > (1) TEMPORAL BONE - eye's sphincter muscle
Associated bones/muscles are (2) Manubrium - levator palpebrae superioris, middle lamella
(3) C3 levator palpebrae superioris, middle lamella
(5) T2 levator palpebrae superioris, middle lamella
(4) Mc PP5 levator palpebrae superioris, middle lamella
(6) Mt PP5 levator palpebrae superioris, middle lamella

12/20/2014 Day 3 Bob Hook Complex Aid (Bob-A) below is altered in connection with Bob Center, the Talus.

(1) Temporal Bone - eye's orbitalis muscle
(2) Manubrium - levator palpebrae superioris, deep lamella
(3) C3 levator palpebrae superioris, deep lamella
(5) T2 > DAY 3 BOB-A levator palpebrae superioris, deep lamella
(4) Mc PP5 levator palpebrae superioris, deep lamella
(6) Mt PP5 levator palpebrae superioris, deep lamella

PROCESS FOR ALTERING STRUCTURES (see Text at beginning of Part 5 for elucidation)
with the following occurances proposed as associated with progress toward optimal functioning

Read boxes from left to right	Inhalation along given tracts "to" given structures,	Likely causes (1) eye tracts to receive spectral energy (with surrogate aid from 6 Exit correspondents*) & intake into	And (2) pressure (for alteration) on	Exhalation with no collapse of breath tract & structures,	Causes (1) pressure (for alteration) on	And (2)	And (3)
Day 1 ^ = * see page bottom for each	Superior lacrimal canaliculi "to" Sigmoid/ transverse sinuses,	Maxilla alveolar process ^	Dentate gyri ^^;	Sup.lac.can. & Sig./trans. sinuses & 6 Exit correspondents* & Maxilla alveolar process ^ & Dentate gyri ^^,	Maxilla alveolar process ^ **And intake into** Dentate gyri ^^	Breath "to" Sigmoid/ transverse sinuses to disperse to receiving structures of the brain to serve during inhalation	Exhalation pressure brought to bear on 6 Exit correspondents* to precipitate that which*** will serve possible surrogate, specifically needed spectral energy roles during inhalation; unused "spectral energy" pressure of the breath cycle disperses to Exits**.
Day 2 ^ = * see below for each	Inferior lacrimal canaliculi "to" Cavernous sinuses 1, (+ CN XI - Accessory)	As above but for the Thymus, celiac trunk, suprarenal glands + 3 others ^	As above but for the Temporal bones ^^;	Inf. lac. can. & Cavernous sinuses 1 & 6 Exit correspondents* & Thymus, etc.^ & Temporal bones ^^,	Thymus, celiac trunk, suprarenal glands, etc.^ (+ CN XI) **& intake into** Temporal bones ^^	Breath "to" Cavernous sinuses 1 to disperse to receiving structures of the brain	As above
Day 3 ^ = * see below	Middle nasal meatus & incisive canal "to" RLS 4,	As above but for the Tali ^	As above but for T2 ^^;	Mid. nas. m. & RLS 4 & 6 Exit correspondents* & Tali ^ & T2 ^^,	Tali ^ **And intake into** T2 ^^	Breath "to" RLS 4 to disperse to lung part destinations	As above

Note: Maintain alignment of L5**/**pisiform, McSs2**/**incus, McSs1**/**hyoid, MtSs1**/**patella.

Commentary on Levator Palpebrae Superioris Muscle & Directions of Stretch of Its 3 Fibers

The pattern for the muscle fibers of the first, second and fourth 3-day bones of the body would seem to be the same, these being the xiphoid process, sternum and clavicle with their corresponding muscles being the fibers of the ciliaris, uterus/scrotum and bladder. The pattern for the muscle of the third 3-day bone, the manubrium, would seem to be different. This is the levator palpebrae superioris muscle, with a superior, a middle and a deep lamella, all seeming to blend together as part of the optic nerve and to run parallel to one another rather than to have longitudinal, circular and radial aspects. Perhaps the difference in muscle pattern results from the sort of bone the manubrium is. It is a beginning bone of the body which most lets other connecting bones change direction to extend toward other spatial directions. Perhaps since this possibility extends from the bone itself, the role of the muscle fibers becomes different.

levator palpebrae superioris, superficial lamella - from upper eyelid over sup. tarsus to upper optic canal
This same muscle serves for the manubrium, C3, Mc PP5, T2 and Mt PP5 as Day 1 bones.

levator palpebrae superioris, middle lamella - from upper optic canal to superior tarsus
This same muscle serves for the manubrium, C3, Mc PP5, T2 and Mt PP5 as Day 2 bones.

levator palpebrae superioris, deep lamella - from superior fornix deep to sup. tarsus to upper optic canal
This same muscle serves for the manubrium, C3, Mc PP5, T2 and Mt PP5 as Day 3 bones.

^ & ^^ **:** ^ is Part 2's "Inroad Channel" (= Center of Gravity) & ^^ is the "Resulting Structure" (= Day's "Bone")

***Exit correspondents associated with Day 1, Day 2 & Day 3 structures are shown below						** Exits
8:52a - 11:16a **|** Eye part 1 **|** Bone Marrow	Kidney	RLS 1, p.1	RLS 4, p.1	LLS7/8,p.1	Urethra
11:16a - 4:04p **|** Eye part 2 **|** Carotid Artery	Gallbladder	part 2	part 2	part 2	Armpits
4:04p - 12:52a **|** Eye part 3 **|** Pineal Gland	Duodenum	part 3	part 3	part 3	Nipples
12:52a - 7:16a **|** Eye part 4 **|** Cerebellum 1	Liver	part 4	part 4	part 4	Anus
7:16a - 8:04a **|** Eye part 5 **|** Cerebrum 3	Lat.Vent., R.F.	part 5	part 5	part 5	Eye
8:04a - 8:52a **|** Eye part 6 **|** Cranial nerve I	Nerve C7	part 6	part 6	part 6	Vagina

***** That which is formed is that which is needed to serve in altering organism structures to allow the organism to continually change to accord itself to its constantly altering universe.**

8:52 a.m. 7/2/1939 HUMAN as Bob or Pendulum from Crista Galli as Hook or Pivot for 12/21-12/23/2014

DAY 1 BOB HOOK COMPLEX is Ethmoid/SPHENOID BONE with breath through Nasolacrimal Duct (N.D.) & Superior Lacrimal Canaliculus to activate the Sigmoid/Transverse Sinus thereby arranging the ORBITAL GYRUS to align ANTERIOR SEMICIRCULAR DUCT AMPULLA to form Lens,
"muscles" are the upper, medial quadrant 3-member set (10-12) of 3 equatorial zonular fibers per set.

DAY 2 BOB-A is ZYGOMATIC/Clavicle BONE with 2nd component of breath through N.D. & Inferior Lacrimal Canaliculus to activate Cavernous Sinus 1 thereby arranging OPTIC NERVE (C.N. II) to continue proper gyrus function, muscles are the dilator, sphincter and orbitalis of the eye.

DAY 3 BOB HOOK COMPLEX AID (BOB-A) is RIB 2/Mt PP2 with 3rd component of breath through Middle Nasal Meatus & Incisive Canal to activate RLS 4 thereby arranging SPINAL NERVE 4 (C8 Spinal Nerve) to continue proper gyrus function, muscles are as shown.

In order for the above described Bob Hook Complex to approach optimal function, there can be no mis-alignment of its associated bone, muscle and organ structures. In the lower set of boxed columns below, preceded in the upper set by the enabling breath tracts, and aligned to the 6 spectral energy time intervals in 24 hours at left, are the 6 spectral energy associated structures as correlated with each numbered bone further below in the dated boxes. The 3 dated boxes then show the associated bone scaffold for Rib 2 with the muscles for each bone of the scaffold changing through the 3 dates to provide on-going bone adjustment.

TIME INTERVALS corresponding to the 6 periods in 24 hours in which energy need evolved from possible available ranges of spectral energy from radio to gamma rays:	**1** Breath thru nasolacrimal duct into inferior lacrimal canaliculus to activate cavernous sinus 1 & Eye Apparatus:	**2** Breath through frontonasal duct to activate frontal sinus and the	**3** Breath through Eustacean tube to activate anterior semicircular duct ampulla and the	**4** Breath through inferior nasal meatus & incisive canal to activate RLS 1:	**5** Breath through middle nasal meatus & incisive canal to activate RLS 4:	**6** Breath through superior nasal meatus & incisive canal to activate LLS 7+8:	**EXIT ROUTES** for unincor-porated wave lengths of spectral energy:
8:52am-11:16am >	Part 1 <lymph>	Bone Marrow	Kidney	Part 1	Part 1	Part 1	urethra
11:16am-4:04pm >	Part 2 <blood>	Carotid Artery	Gallbladder	Part 2	Part 2	Part 2	armpits
4:04pm-12:52am >	Part 3<hormone>	Pineal Gland	Duodenum	Part 3	Part 3	Part 3	nipples
12:52am-7:16am >	Part 4 <DNA>	Cerebellum 1	Liver	Part 4	Part 4	Part 4	anus
7:16am-8:04am >	Part 5 <RNA>	Cerebrum 4	Lat.Vent., R.F.	Part 5	Part 5	Part 5	eye
8:04am-8:52am >	Part 6 <protein>	Cranial Nerve II	Nerve C8	Part 6	Part 6	Part 6	vagina

12/21/2014 DAY 1 BOB HOOK COMPLEX above is altered in connection with Bob Center, Mandible Alveolar Process (by way of Ethmoid Cells), through aegis of the Orbital Gyrus.

Associated bones/muscles are (1) Zygomatic Bone - eye's dilator muscle
(2) Clavicle - bladder, longitudinal fibers
(3) C4 - bladder, longitudinal fibers
(4) Mc PP2 - bladder, longitudinal fibers
(5) Rib 2 - bladder, longitudinal fibers
(6) Mt PP2 - bladder, longitudinal fibers

12/22/2014 Day 2 Bob Hook Complex Aid below is altered in connection with Bob-Center, L4 (by way of Frontal Sinus), in conjunction with Cranial Nerve XII (Hypoglossal).

DAY 2 BOB-A > (1) ZYGOMATIC BONE - eye's sphincter muscle
Associated bones/muscles are (2) Clavicle - bladder, circular fibers
(3) C4 - bladder, circular fibers
(4) Mc PP2 - bladder, circular fibers
(5) Rib 2 - bladder, circular fibers
(6) Mt PP2 - bladder, circular fibers

12/23/2014 Day 3 Bob Hook Complex Aid (Bob-A) below is altered in connection with Bob Center, the Calcaneus.

(1) Zygomatic Bone - eye's orbitalis muscle
(2) Clavicle - bladder, radial fibers
(3) C4 - bladder, radial fibers
(4) Mc PP2 - bladder, radial fibers
(5) RIB 2 > DAY 3 BOB-A - bladder, radial fibers
(6) Mt PP2 - bladder, radial fibers

PROCESS FOR ALTERING STRUCTURES (see Text at beginning of Part 5 for elucidation)
with the following occurances proposed as associated with progress toward optimal functioning

Read boxes from left to right	**Inhalation along given tracts "to" given structures,**	**Likely causes (1) eye tracts to receive spectral energy (with surrogate aid from 6 Exit correspondents*) & intake into** Mandible alveolar process ^	**And (2) pressure (for alteration) on**	**Exhalation with no collapse of breath tract & structures,**	**Causes (1) pressure (for alteration) on** Mandible alveolar process ^ **And intake into** Orbital gyri ^^	**And (2)** Breath "to" Sigmoid/ transverse sinuses to disperse to receiving structures of the brain to serve during inhalation	**And (3)** Exhalation pressure brought to bear on 6 Exit correspondents* to precipitate that which*** will serve possible surrogate, specifically needed spectral energy roles during inhalation**;** unused "spectral energy" pressure of the breath cycle disperses to Exits**.
Day 1 ^ = * see page bottom for each	Superior lacrimal canaliculi "to" Sigmoid/ transverse sinuses**,**		Orbital gyri ^^**;**	Sup.lac.can. & Sig./trans. sinuses & 6 Exit correspondents* & Mandible alveolar process ^ & Orbital gyri ^^**,**			
Day 2 ^ = * see below for each	Inferior lacrimal canaliculi "to" Cavernous sinuses 1**,**	As above but for L4 ^ (+ CN XII, i.e. Cranial nerve XII, Hypoglossal)	As above but for the Zygomatic bones ^^**;**	Inf. lac. can. & Cavernous sinuses 1 & 6 Exit correspondents* & L4^ (+ CN XII) & Zygomatic bones ^^**,**	L4 ^ (+ CN XII) **And intake into** Zygomatic bones ^^	Breath "to" Cavernous sinuses 1 to disperse to receiving structures of the brain	As above
Day 3 ^ = * see below	Middle nasal meatus & incisive canal "to" RLS 4**,**	As above but for Calcanei ^	As above but for Rib 2s ^^**;** Calcanei ^ & Rib 2s ^^**,**	Mid. nas. m. & RLS 4 & 6 Exit correspondents* &	Calcanei ^ **And intake into** Rib 2s ^^	Breath "to" RLS 4 to disperse to lung part destinations	As above

Note: Maintain alignment of L5**/**pisiform, McSs2**/**incus, McSs1**/**hyoid, MtSs1**/**patella.

Commentary on the Bladder Muscle and Possible Sensation of Directions of Stretch of Its 3 Fibers

The bladder sits toward the front of the body just above the pelvis (at the pelvic diaphragm) and above the urinary tract with a forward-projected portion. The longitudinal, circular and radial bladder muscle fibers serve, respectively, as the body's manipulating muscles on Day 1, Day 2 and Day 3 of the service of Rib 2 as the 3-day bone perhaps with the ultimate purpose of manipulating the ciliary body to fashion the lens.

bladder, longitudinal fibers - sensation of longitudinal stretch from the front neck of the bladder at the top of the urethra forward and up over the apex at the bladder's front reach in the body, then back toward the fundus at the bladder's back reach, with fiber rows progressing laterally around through 24 hours. This same muscle serves for the clavicle, C4, Mc PP2, rib 2 and Mt PP2 as Day 1 bones.

bladder, circular fibers - sensation of circular band stretch, around and up bladder starting in area of end of last longitudinal fiber above posterior neck, band origins progressing back to anterior neck in 24 hrs. This same muscle serves for the clavicle, C4, Mc PP2, rib 2 and Mt PP2 as Day 2 bones.

bladder, radial fibers - sense of stretch from bunched row of fibers originating in area of end of last circular fiber in front neck area, initially with obliquely lateral destination points of stretch, points straightening in 24 hours toward the end of the 1st longitudinal fiber at bladder fundus (to align fovea centralis). This same muscle serves for the clavicle, C4, Mc PP2, rib 2 and Mt PP2 as Day 3 bones.

^ & ^^ **:** ^ is Part 2's "Inroad Channel" (= Center of Gravity) & ^^ is the "Resulting Structure" (= Day's "Bone")

***Exit correspondents associated with Day 1, Day 2 & Day 3 structures are shown below**						**** Exits**
8:52a - 11:16a **|** Eye part 1 **|**	Bone Marrow	Kidney	RLS 1, p.1	RLS 4, p.1	LLS7/8,p.1	Urethra
11:16a - 4:04p **|** Eye part 2 **|**	Carotid Artery	Gallbladder	part 2	part 2	part 2	Armpits
4:04p - 12:52a **|** Eye part 3 **|**	Pineal Gland	Duodenum	part 3	part 3	part 3	Nipples
12:52a - 7:16a **|** Eye part 4 **|**	Cerebellum 1	Liver	part 4	part 4	part 4	Anus
7:16a - 8:04a **|** Eye part 5 **|**	Cerebrum 4	Lat.Vent., R.F.	part 5	part 5	part 5	Eye
8:04a - 8:52a **|** Eye part 6 **|**	Cranial nerve II	Nerve C8	part 6	part 6	part 6	Vagina

***** That which is formed is that which is needed to serve in altering organism structures to allow the organism to continually change to accord itself to its constantly altering universe.**

8:52 a.m. 7/2/1939 HUMAN as Bob or Pendulum from Crista Galli as Hook or Pivot for 12/24-12/26/2014

DAY 1 BOB HOOK COMPLEX is ETHMOID/Sphenoid BONE with breath through Nasolacrimal Duct (N.D.) & Superior Lacrimal Canaliculus to activate the Straight/Occipital Sinus thereby arranging the STRAIGHT GYRUS to align POSTERIOR SEMICIRCULAR DUCT AMPULLA to form Lens,
"muscles" are the upper, medial quadrant 3-member set (13-15) of 3 equatorial zonular fibers per set.

DAY 2 BOB-A is TEMPORAL/Scapula BONE with 2nd component of breath through N.D. & Inferior Lacrimal Canaliculus to activate Cavernous Sinus 2 thereby arranging OCULOMOTOR NERVE (C.N. III) to continue proper gyrus function, muscles are the dilator, sphincter and orbitalis of the eye.

DAY 3 BOB HOOK COMPLEX AID (BOB-A) is T3/Mt MP5 with 3rd component of breath through Middle Nasal Meatus & Incisive Canal to activate LLS 5 thereby arranging SPINAL NERVE 5 (T1 Spinal Nerve) to continue proper gyrus function, muscles are as shown.

In order for the above described Bob Hook Complex to approach optimal function, there can be no mis-alignment of its associated bone, muscle and organ structures. In the lower set of boxed columns below, preceded in the upper set by the enabling breath tracts, and aligned to the 6 spectral energy time intervals in 24 hours at left, are the 6 spectral energy associated structures as correlated with each numbered bone further below in the dated boxes. The 3 dated boxes then show the associated bone scaffold for T3 with the muscles for each bone of the scaffold changing through the 3 dates to provide on-going bone adjustment.

TIME INTERVALS corresponding to the 6 periods in 24 hours in which energy need evolved from possible available ranges of spectral energy from radio to gamma rays:	**1** Breath thru nasolacrimal duct into inferior lacrimal canaliculus to activate cavernous sinus 2 & Eye Apparatus:	**2** Breath through Eustacean tube to activate mastoid cells and the	**3** Breath through Eustacean tube to activate posterior semicircular duct ampulla and the	**4** Breath through inferior nasal meatus & incisive canal to activate LLS 1+2:	**5** Breath through middle nasal meatus & incisive canal to activate LLS 5:	**6** Breath through superior nasal meatus & incisive canal to activate RLS 8:	**EXIT ROUTES** for unincor-porated wave lengths of spectral energy:
8:52am-11:16am >	Part 1 <lymph>	Thoracic Duct	Kidney	Part 1	Part 1	Part 1	urethra
11:16am-4:04pm >	Part 2 <blood>	Parathyroids	Gallbladder	Part 2	Part 2	Part 2	armpits
4:04pm-12:52am >	Part 3<hormone>	Thyroid Gland	Duodenum	Part 3	Part 3	Part 3	nipples
12:52am-7:16am >	Part 4 <DNA>	Cerebellum 2	Liver	Part 4	Part 4	Part 4	anus
7:16am-8:04am >	Part 5 <RNA>	Cerebrum 5	Lat.Vent., L.F.	Part 5	Part 5	Part 5	eye
8:04am-8:52am >	Part 6 <protein>	Cranial Nerve III	Nerve T1	Part 6	Part 6	Part 6	vagina

12/24/2014 DAY 1 BOB HOOK COMPLEX above is altered in connection with Bob Center, Upper Wisdom Tooth (by way of Sphenoid Sinus), through aegis of the Straight Gyrus.

Associated bones/muscles are

(1) Temporal Bone - eye's dilator muscle
(2) Scapula - platysma
(3) S5 thyroepiglottic
(4) Mc MP5 deltoid, back part
(5) T3 rotatores brevis
(6) Mt MP5 inferior gemellus

12/25/2014 Day 2 Bob-A below is altered in connection with Bob Center, Parietal Bone's overseen Series of Soft Tissue Structure (by way of Frontal Sinus), in conjunction with Cranial Nerve XI (Accessory).

DAY 2 BOB-A >

Associated bones/muscles are

(1) TEMPORAL BONE - eye's sphincter muscle
(2) Scapula - hair follicle muscles
(3) S5 inferior oblique of eye
(4) Mc MP5 deltoid, middle part
(5) T3 multifidi
(6) Mt MP5 obturator externus

12/26/2014 Day 3 Bob Hook Complex Aid (Bob-A) below is altered in connection with Bob Center, the Patella.

(1) Temporal Bone - eye's orbitalis muscle
(2) Scapula - temporoparietalis
(3) S5 aryepiglottic
(4) Mc MP5 deltoid, 2nd front part
(5) T3 > DAY 3 BOB-A rotatores longus
(6) Mt MP5 superior gemellus

PROCESS FOR ALTERING STRUCTURES
with the following occurances proposed as associated with progress toward optimal functioning

Read boxes from left to right	**Inhalation along given tracts "to" given structures,**	**Likely causes (1) eye tracts to receive spectral energy (with surrogate aid from 6 Exit correspondents*) & intake into**	**And (2) pressure (for alteration) on**	**Exhalation with no collapse of breath tract & structures,**	**Causes (1) pressure (for alteration) on**	**And (2)**	**And (3)**
Day 1 ^ = * see page bottom for each	Superior lacrimal canaliculi "to" Straight/ occipital sinuses,	Upper wisdom teeth ^	Straight gyri ^^;	Sup. lac. can. & Straight/ occipital sinuses & 6 Exit correspondents* & Upper wisdom teeth ^ & Straight gyri ^^,	Upper wisdom teeth ^ **And intake into** Straight gyri ^^	Breath "to" Straight/ occipital sinuses to disperse to receiving structures of the brain to serve during inhalation	Exhalation pressure brought to bear on 6 Exit correspondents* to precipitate that which*** will serve possible surrogate, specifically needed spectral energy roles during inhalation; unused "spectral energy" pressure of the breath cycle disperses to Exits**.
Day 2 ^ = * see below for each	Inferior lacrimal canaliculi "to" Cavernous sinuses 2, (+ CN XI - Accessory)	As above but for the Thymus, celiac trunk, suprarenal glands + 3 others ^	As above but for the Temporal bones ^^;	Inf. lac. can. & Cavernous sinuses 2 & 6 Exit correspondents* & Thymus, etc.^ & Temporal bones ^^,	Thymus, celiac trunk, suprarenal glands, etc.^ (+ CN XI) **& intake into** Temporal bones ^^	Breath "to" Cavernous sinuses 2 to disperse to receiving structures of the brain	As above
Day 3 ^ = * see below	Middle nasal meatus & incisive canal "to" LLS 5,	As above but for Patellas ^	As above but for T3 ^^;	Mid. nas. m. & LLS 5 & 6 Exit correspondents* & Patellas ^ & T3 ^^,	Patellas ^ **And intake into** T3 ^^	Breath "to" LLS 5 to disperse to lung part destinations	As above

Note: Maintain alignment of L5**/**pisiform, McSs2**/**incus, McSs1**/**hyoid, MtSs1**/**patella.

~ = line continuance in this section **Direction** of **Stretch** for **Muscles** on **Front** of **Page**

platysma - down from mouth corner & chin over neck & clavicle spreading to front of shoulder & upper ribs
thyroepiglottic - back & up from inside front of thyroid cartilage to epiglottis joining upper part of aryepiglottic
deltoid, back part - downward from backmost part of spine of scapula to just above mid-lateral humerus
rotatores brevis - up from articular/transverse/mamillary vertebral processes to vertebral spine base above
inferior gemellus - out from upper, outer ischial tuberosity rim to greater trochanter's inner central surface

hair follicle muscles - short stretch in from skin as perhaps radiating in bands from armpits to side of head ~
inferior oblique of eye - from eyeball's lateral side coursing under eyeball to medial bottom wall of eye socket
deltoid, middle part - from just above mid-lateral humerus upward to scapula's medial spine/acromion
multifidi - from spinous processes all along the spine downward to lower more lateral vertebral processes
obturator externus - from back inner part of greater trochanter to inf. pubis/ischium rami's front upper rims

temporoparietalis - upward from above ear to skin along the side of head ~swinging around & down through body in 24 hours
aryepiglottic - upward from apex of arytenoid cartilage to along side of epiglottis
deltoid, 2nd front part - down from scapula's acromion (& lateral clavicle) to just above mid-lateral humerus
rotatores longus - upward from thoracic vertebral transverse processes to vertebral spine two above
superior gemellus - outward from ischial spine to greater trochanter's inner central surface

^ & ^^ **:** ^ is Part 2's "Inroad Channel" (= Center of Gravity) & ^^ is the "Resulting Structure" (= Day's "Bone")

***Exit correspondents associated with Day 1, Day 2 & Day 3 structures are shown below**						**** Exits**
8:52a - 11:16a **|** Eye part 1 **|**	Thoracic duct	Kidney	LLS 1+2,p.1	LLS 5, p.1	RLS 8, p.1	Urethra
11:16a - 4:04p **|** Eye part 2 **|**	Parathyroids	Gallbladder	part 2	part 2	part 2	Armpits
4:04p - 12:52a **|** Eye part 3 **|**	Thyroid gland	Duodenum	part 3	part 3	part 3	Nipples
12:52a - 7:16a **|** Eye part 4 **|**	Cerebellum 2	Liver	part 4	part 4	part 4	Anus
7:16a - 8:04a **|** Eye part 5 **|**	Cerebrum 5	Lat.Vent.,L.F.	part 5	part 5	part 5	Eye
8:04a - 8:52a **|** Eye part 6 **|**	Cranial nerve III	Nerve T1	part 6	part 6	part 6	Vagina

***** That which is formed is that which is needed to serve in altering organism structures to allow the organism to continually change to accord itself to its constantly altering universe.**

8:52 a.m. 7/2/1939 HUMAN as Bob or Pendulum from Crista Galli as Hook or Pivot for 12/27-12/29/2014

DAY 1 BOB HOOK COMPLEX is Ethmoid/SPHENOID BONE with breath through Nasolacrimal Duct (N.D.) & Superior Lacrimal Canaliculus to activate the Straight/Occipital Sinus thereby arranging the SUBCALLOSAL GYRUS to align POSTERIOR SEMICIRCULAR DUCT AMPULLA to form Lens, "muscles" are the upper, medial quadrant 3-member set (16-18) of 3 equatorial zonular fibers per set.

DAY 2 BOB-A is ZYGOMATIC/Humerus BONE with 2nd component of breath through N.D. & Inferior Lacrimal Canaliculus to activate Cavernous Sinus 2 thereby arranging TROCHLEAR NERVE (C.N. IV) to continue proper gyrus function, muscles are the dilator, sphincter and orbitalis of the eye.

DAY 3 BOB HOOK COMPLEX AID (BOB-A) is RIB 3/Mt MP2 with 3rd component of breath through Middle Nasal Meatus & Incisive Canal to activate LLS 5 thereby arranging SPINAL NERVE 6 (T2 Spinal Nerve) to continue proper gyrus function, muscles are as shown.

In order for the above described Bob Hook Complex to approach optimal function, there can be no mis-alignment of its associated bone, muscle and organ structures. In the lower set of boxed columns below, preceded in the upper set by the enabling breath tracts, and aligned to the 6 spectral energy time intervals in 24 hours at left, are the 6 spectral energy associated structures as correlated with each numbered bone further below in the dated boxes. The 3 dated boxes then show the associated bone scaffold for Rib 3 with the muscles for each bone of the scaffold changing through the 3 dates to provide on-going bone adjustment.

TIME INTERVALS corresponding to the 6 periods in 24 hours in which energy need evolved from possible available ranges of spectral energy from radio to gamma rays:	1 Breath thru nasolacrimal duct into inferior lacrimal canaliculus to activate cavernous sinus 2 & Eye Apparatus:	2 Breath through Eustacean tube to activate mastoid cells and the	3 Breath through Eustacean tube to activate posterior semicircular duct ampulla and the	4 Breath through inferior nasal meatus & incisive canal to activate LLS 1+2:	5 Breath through middle nasal meatus & incisive canal to activate LLS 5:	6 Breath through superior nasal meatus & incisive canal to activate RLS 8:	EXIT ROUTES for unincor-porated wave lengths of spectral energy:
8:52am-11:16am >	Part 1 <lymph>	Thoracic Duct	Kidney	Part 1	Part 1	Part 1	urethra
11:16am-4:04pm >	Part 2 <blood>	Parathyroids	Gallbladder	Part 2	Part 2	Part 2	armpits
4:04pm-12:52am >	Part 3<hormone>	Thyroid Gland	Duodenum	Part 3	Part 3	Part 3	nipples
12:52am-7:16am >	Part 4 <DNA>	Cerebellum 2	Liver	Part 4	Part 4	Part 4	anus
7:16am-8:04am >	Part 5 <RNA>	Cerebrum 6	Lat.Vent., L.F.	Part 5	Part 5	Part 5	eye
8:04am-8:52am >	Part 6 <protein>	Cranial Nerve IV	Nerve T2	Part 6	Part 6	Part 6	vagina

12/27/2014 DAY 1 BOB HOOK COMPLEX above is altered in connection with Bob Center, Lower Wisdom Tooth (by way of Sphenoid Sinus), through aegis of the Subcallosal Gyrus.

Associated bones/muscles are

(1) Zygomatic Bone - eye's dilator muscle

(2) Humerus - levator costae brevis

(3) S4
oblique arytenoid

(4) Mc MP2
flexor carpi radialis

(5) Rib 3
intertransversarii, cervical posterior & anterior

(6) Mt MP2
(ishio)coccygeus

12/28/2014 Day 2 Bob Hook Complex Aid below is altered in connection with Bob Center, L4 (by way of Frontal Sinus), in conjunction with Cranial Nerve XII (Hypoglossal).

DAY 2 BOB-A >

(1) ZYGOMATIC BONE - eye's sphincter muscle

Associated bones/muscles are

(2) Humerus - circulatory system muscles

(3) S4
accessory muscle bundle

(4) Mc MP2
palmaris longus

(5) Rib 3
intertransversarii, thoracis & lumbar medial

(6) Mt MP2
obturator internus

12/29/2014 Day 3 Bob Hook Complex Aid (Bob-A) below is altered in connection with Bob Center, the Fibula.

(1) Zygomatic Bone - eye's orbitalis muscle

(2) Humerus - levator costae longus

(3) S4
transverse arytenoid

(4) Mc MP2
flexor carpi ulnaris

(5) RIB 3 > DAY 3 BOB-A
intertransversarii, lumbar lateral

(6) Mt MP2
piriformis

PROCESS FOR ALTERING STRUCTURES
with the following occurances proposed as associated with progress toward optimal functioning

Read boxes from left to right	**Inhalation along given tracts "to" given structures,**	**Likely causes (1) eye tracts to receive spectral energy (with surrogate aid from 6 Exit correspondents*) & intake into**	**And (2) pressure (for alteration) on**	**Exhalation with no collapse of breath tract & structures,**	**Causes (1) pressure (for alteration) on**	**And (2)**	**And (3)**
Day 1 ^ = * see page bottom for each	Superior lacrimal canaliculi "to" Straight/ occipital sinuses**,**	Lower wisdom teeth ^	Sub-callosal gyri ^^**;** & Subcallosal gyri ^^**,**	Sup. lac. can. & Straight/ occipital sinuses & 6 Exit correspondents* & Lower wisdom teeth ^	Lower wisdom teeth ^ **And intake into** Subcallosal gyri ^^	Breath "to" Straight/ occipital sinuses to disperse to receiving structures of the brain to serve during inhalation	Exhalation pressure brought to bear on 6 Exit correspondents* to precipitate that which*** will serve possible surrogate, specifically needed spectral energy roles during inhalation**;** unused "spectral energy" pressure of the breath cycle disperses to Exits**.
Day 2 ^ = * see below for each	Inferior lacrimal canaliculi "to" Cavernous sinuses 2**,**	As above but for L4 ^ (+ CN XII, i.e. Cranial nerve XII, Hypoglossal)	As above but for the Zygomatic bones ^^**;**	Inf. lac. can. & Cavernous sinuses 2 & 6 Exit correspondents* & L4^ (+ CN XII) & Zygomatic bones ^^**,**	L4 ^ (+ CN XII) **And intake into** Zygomatic bones ^^	Breath "to" Cavernous sinuses 2 to disperse to receiving structures of the brain	As above
Day 3 ^ = * see below	Middle nasal meatus & incisive canal "to" LLS 5**,**	As above but for Fibulas ^	As above but for Rib 3s ^^**;**	Mid. nas. m. & LLS 5 & 6 Exit correspondents* & Fibulas ^ & Rib 3s ^^**,**	Fibulas ^ **And intake into** Rib 3s ^^	Breath "to" LLS 5 to disperse to lung part destinations	As above

Note: Maintain alignment of L5**/**pisiform, McSs2**/**incus, McSs1**/**hyoid, MtSs1**/**patella.

Direction of **Stretch** for **Muscles** on **Front** of **Page**

levator costae brevis - up from rib below (closer-in position than longus) to next higher transverse process
oblique arytenoid - up from base of arytenoid cartilage to apex of opposite arytenoid cartilage
flexor carpi radialis - down from humerus's medial epicondyle to anterior Mc 2 base
intertransversarii, cervical post. & ant. - from post./ant. cer. transverse process tubercles to ones above
(ishio)coccygeus - up from ischial spine & sacrospinous ligament to border of lower sacrum & coccyx

circulatory system muscles - sense of circular band stretch in blood vessels in 24-hour progress down body
accessory muscle bundle - from temporal bone by occipital juncture down/in to outer pharyngobasilar fascia
palmaris longus - from area over anterior bases of Mc 3 & Mc 4 to humerus's medial epicondyle
intertransversarii, thoracis & lumbar medial - from accessory process above to mamillary process below
obturator internus - from greater trochanter's top edge to out from posterior bone around obturator foramen

levator costae longus - up from rib below (farther-out position than brevis) to 2nd higher transverse process
transverse arytenoid - from arytenoid cartilage straight across to opposite cartilage
flexor carpi ulnaris - down from humerus's medial epicondyle & ulna to ant. Mc 5 base, hamate & pisiform
intertransversarii, lumbar lateral - upward from lumbar transverse process to one above
piriformis - from anterior sacrum and sacrotuberous ligament to fossa surface & top of greater trochanter

^ & ^^ **:** ^ is Part 2's "Inroad Channel" (= Center of Gravity) & ^^ is the "Resulting Structure" (= Day's "Bone")

***Exit correspondents associated with Day 1, Day 2 & Day 3 structures are shown below**						**** Exits**
8:52a - 11:16a **|** Eye part 1 **|**	Thoracic duct	Kidney	LLS 1+2,p.1	LLS 5, p.1	RLS 8, p.1	Urethra
11:16a - 4:04p **|** Eye part 2 **|**	Parathyroids	Gallbladder	part 2	part 2	part 2	Armpits
4:04p - 12:52a **|** Eye part 3 **|**	Thyroid gland	Duodenum	part 3	part 3	part 3	Nipples
12:52a - 7:16a **|** Eye part 4 **|**	Cerebellum 2	Liver	part 4	part 4	part 4	Anus
7:16a - 8:04a **|** Eye part 5 **|**	Cerebrum 6	Lat.Vent.,L.F.	part 5	part 5	part 5	Eye
8:04a - 8:52a **|** Eye part 6 **|**	Cranial nerve IV	Nerve T2	part 6	part 6	part 6	Vagina

***** That which is formed is that which is needed to serve in altering organism structures to allow the organism to continually change to accord itself to its constantly altering universe.**

8:52 a.m. 7/2/1939 HUMAN as Bob or Pendulum from Crista Galli as Hook or Pivot for 12/30 - 1/1/2015

DAY 1 BOB HOOK COMPLEX is ETHMOID/Sphenoid BONE with breath through Nasolacrimal Duct (N.D.) & Superior Lacrimal Canaliculus to activate the Straight/Occipital Sinus thereby arranging the CINGULATE GYRUS to align LATERAL SEMICIRCULAR DUCT AMPULLA to form Lens, "muscles" are the superior-most 3-member set (19-21) of 3 equatorial zonular fibers per set.

DAY 2 BOB-A is TEMPORAL/Radius BONE with 2nd component of breath through N.D. & Inferior Lacrimal Canaliculus to activate Cavernous Sinus 2 thereby arranging OCULOMOTOR NERVE (C.N. III) to continue proper gyrus function, muscles are the dilator, sphincter and orbitalis of the eye.

DAY 3 BOB HOOK COMPLEX AID (BOB-A) is T4/Mt DP5 with 3rd component of breath through Middle Nasal Meatus & Incisive Canal to activate LLS 5 thereby arranging SPINAL NERVE 7 (T3 Spinal Nerve) to continue proper gyrus function, muscles are as shown.

In order for the above described Bob Hook Complex to approach optimal function, there can be no mis-alignment of its associated bone, muscle and organ structures. In the lower set of boxed columns below, preceded in the upper set by the enabling breath tracts, and aligned to the 6 spectral energy time intervals in 24 hours at left, are the 6 spectral energy associated structures as correlated with each numbered bone further below in the dated boxes. The 3 dated boxes then show the associated bone scaffold for T4 with the muscles for each bone of the scaffold changing through the 3 dates to provide on-going bone adjustment.

TIME INTERVALS	1	2	3	4	5	6	EXIT
corresponding to the 6 periods in 24 hours in which energy need evolved from possible available ranges of spectral energy from radio to gamma rays:	Breath thru nasolacrimal duct into inferior lacrimal canaliculus to activate cavernous sinus 2 & Eye Apparatus:	Breath through Eustacean tube to activate mastoid cells and the	Breath through Eustacean tube to activate posterior semicircular duct ampulla and the	Breath through inferior nasal meatus & incisive canal to activate LLS 1+2:	Breath through middle nasal meatus & incisive canal to activate LLS 5:	Breath through superior nasal meatus & incisive canal to activate RLS 8:	ROUTES for unincor-porated wave lengths of spectral energy:
8:52am-11:16am >	Part 1 <lymph>	Thoracic Duct	Kidney	Part 1	Part 1	Part 1	urethra
11:16am-4:04pm >	Part 2 <blood>	Parathyroids	Gallbladder	Part 2	Part 2	Part 2	armpits
4:04pm-12:52am >	Part 3<hormone>	Thyroid Gland	Duodenum	Part 3	Part 3	Part 3	nipples
12:52am-7:16am >	Part 4 <DNA>	Cerebellum 2	Liver	Part 4	Part 4	Part 4	anus
7:16am-8:04am >	Part 5 <RNA>	Cerebrum 7	Lat.Vent., L.F.	Part 5	Part 5	Part 5	eye
8:04am-8:52am >	Part 6 <protein>	Cranial Nerve III	Nerve T3	Part 6	Part 6	Part 6	vagina

12/30/2014 DAY 1 BOB HOOK COMPLEX above is altered in connection with Bob Center, Upper 2nd Molar (by way of Tympanic Cells), through aegis of the Cingulate Gyrus.

Associated bones/muscles are (1) Temporal Bone - eye's dilator muscle
(2) Radius - heart, anterior papillary

(3) S3
lateral cricoarytenoid

(4) Mc DP5
extensor carpi radialis brevis

(5) T4
levator veli palatini

(6) Mt DP5
adductor minimus

12/31/2014 Day 2 Bob-A below is altered in connection with Bob-Center, Parietal Bone's overseen Series of Soft Tissue Structure (by way of Frontal Sinus), in conjunction with Cranial Nerve XI (Accessory).

DAY 2 BOB-A > (1) TEMPORAL BONE - eye's sphincter muscle
Associated bones/muscles are (2) Radius - heart, septal papillary

(3) S3
superior oblique of eye

(4) Mc DP5
brachioradialis

(5) T4
salpingopharyngeus

(6) Mt DP5
gracilis

1/1/2015 Day 3 Bob Hook Complex Aid (Bob-A) below is altered in connection with Bob Center, RLS 10'.

(1) Temporal Bone - eye's orbitalis muscle
(2) Radius - heart, posterior papillary

(3) S3
posterior cricoarytenoid

(4) Mc DP5
extensor carpi radialis longus

(5) T4 > DAY 3 BOB-A
tensor veli palatini

(6) Mt DP5
adductor magnus

PROCESS FOR ALTERING STRUCTURES
with the following occurances proposed as associated with progress toward optimal functioning

Read boxes from left to right	**Inhalation along given tracts "to" given structures,**	**Likely causes (1) eye tracts to receive spectral energy (with surrogate aid from 6 Exit correspondents*) & intake into**	**And (2) pressure (for alteration) on**	**Exhalation with no collapse of breath tract & structures,**	**Causes (1) pressure (for alteration) on**	**And (2)**	**And (3)**
Day 1 ^ = * see page bottom for each	Superior lacrimal canaliculi "to" Straight/ occipital sinuses**,**	Upper 2nd molars ^	Cingulate gyri ^^**;**	Sup.lac.can. & Straight/occipital sinuses & 6 Exit correspondents* & Upper 2nd molars ^ & Cingulate gyri ^^**,**	Upper 2nd molars ^ **And intake into** Cingulate gyri ^^	Breath "to" Straight/ occipital sinuses to disperse to receiving structures of the brain to serve during inhalation	Exhalation pressure brought to bear on 6 Exit correspondents* to precipitate that which*** will serve possible surrogate, specifically needed spectral energy roles during inhalation**;** unused "spectral energy" pressure of the breath cycle disperses to Exits**.
Day 2 ^ = * see below for each	Inferior lacrimal canaliculi "to" Cavernous sinuses 2**,** (+ CN XI - Accessory)	As above but for the Thymus, celiac trunk, suprarenal glands + 3 others ^	As above but for the Temporal bones ^^**;**	Inf. lac. can. & Cavernous sinuses 2 & 6 Exit correspondents* & Thymus, etc.^ & Temporal bones ^^**,**	Thymus, celiac trunk, suprarenal glands, etc.^ (+ CN XI) **& intake into** Temporal bones ^^	Breath "to" Cavernous sinuses 2 to disperse to receiving structures of the brain	As above
Day 3 ^ = * see below	Middle nasal meatus & incisive canal "to" LLS 5**,**	As above but for RLS 10' ^	As above but for T4 ^^**;**	Mid. nas. m. & LLS 5 & 6 Exit correspondents* & RLS 10' ^ & T4 ^^**,**	RLS 10' ^ **And intake into** T4 ^^	Breath "to" LLS 5 to disperse to lung part destinations	As above

Note: Maintain alignment of L5**/**pisiform, McSs2**/**incus, McSs1**/**hyoid, MtSs1**/**patella.

v / **^** = down / up arrows **Direction** of **Stretch** for **Muscles** on **Front** of **Page**

heart, anterior papillary - from anterior mitral or tricuspid valves' cusps toward anterior pectinate muscle
lateral cricoarytenoid - backward from along top of cricoid cartilage to outer base of arytenoid cartilage
extensor carpi radialis brevis - from outer bottom of humerus's lateral epicondyle to posterior base of Mc 3
levator veli palatini - down from temporal bone & auditory tube to meet same to form rearward soft palate
adductor minimus - upper part of adductor magnus described below

heart, septal papillary - from central/upper posterior wall of heart toward septal pectinate muscle
superior oblique of eye - from upper lateral eyeball to inside wall's trochlea on to common tendinous ring **v**
brachioradialis - from lowest outside of radius to lower midsection of lateral humerus around optic nerve
salpingopharyngeus - from lateral wall of pharynx at teeth level up to end of auditory tube cartilage
gracilis - from anterior medial tibia for brief length below medial condyle up to body & inferior ramus of pubis

heart, posterior papillary - from posterior mitral or tricuspid valves' cusps toward posterior pectinate muscle
posterior cricoarytenoid- up from along back midline of cricoid cartilage to outer base of arytenoid cartilage
extensor carpi radialis longus - downward from lower lateral humerus to posterior base of Mc 2 palate
tensor veli palatini - down from sphenoid bone & auditory tube & around hamulus to form forward part soft **^**
adductor magnus - from lower ishium/pubis to along middle posterior femur & medial epicondyle

^ & ^^ **:** ^ is Part 2's "Inroad Channel" (= Center of Gravity) & ^^ is the "Resulting Structure" (= Day's "Bone")

***Exit correspondents associated with Day 1, Day 2 & Day 3 structures are shown below**						**** Exits**
8:52a - 11:16a **|** Eye part 1 **|**	Thoracic duct	Kidney	LLS 1+2,p.1	LLS 5, p.1	RLS 8, p.1	Urethra
11:16a - 4:04p **|** Eye part 2 **|**	Parathyroids	Gallbladder	part 2	part 2	part 2	Armpits
4:04p - 12:52a **|** Eye part 3 **|**	Thyroid gland	Duodenum	part 3	part 3	part 3	Nipples
12:52a - 7:16a **|** Eye part 4 **|**	Cerebellum 2	Liver	part 4	part 4	part 4	Anus
7:16a - 8:04a **|** Eye part 5 **|**	Cerebrum 7	Lat.Vent.,L.F.	part 5	part 5	part 5	Eye
8:04a - 8:52a **|** Eye part 6 **|**	Cranial nerve III	Nerve T3	part 6	part 6	part 6	Vagina

***** That which is formed is that which is needed to serve in altering organism structures to allow the organism to continually change to accord itself to its constantly altering universe.**

8:52 a.m. 7/2/1939 HUMAN as Bob or Pendulum from Crista Galli as Hook or Pivot for 1/2 - 1/4/2015

DAY 1 BOB HOOK COMPLEX is Ethmoid/SPHENOID BONE with breath through Nasolacrimal Duct (N.D.) & Superior Lacrimal Canaliculus to activate the Straight/Occipital Sinus thereby arranging the LINGUAL GYRUS to align LATERAL SEMICIRCULAR DUCT AMPULLA to form Lens,
"muscles" are the upper, lateral quadrant 3-member set (22-24) of 3 equatorial zonular fibers per set.

DAY 2 BOB-A is ZYGOMATIC/Ulna BONE with 2nd component of breath through N.D. & Inferior Lacrimal Canaliculus to activate Cavernous Sinus 2 thereby arranging TROCHLEAR NERVE (C.N. IV) to continue proper gyrus function, muscles are the dilator, sphincter and orbitalis of the eye.

DAY 3 BOB HOOK COMPLEX AID (BOB-A) is RIB 4/Mt DP2 with 3rd component of breath through Middle Nasal Meatus & Incisive Canal to activate LLS 5 thereby arranging SPINAL NERVE 8 (T4 Spinal Nerve) to continue proper gyrus function, muscles are as shown.

In order for the above described Bob Hook Complex to approach optimal function, there can be no mis-alignment of its associated bone, muscle and organ structures. In the lower set of boxed columns below, preceded in the upper set by the enabling breath tracts, and aligned to the 6 spectral energy time intervals in 24 hours at left, are the 6 spectral energy associated structures as correlated with each numbered bone further below in the dated boxes. The 3 dated boxes then show the associated bone scaffold for Rib 4 with the muscles for each bone of the scaffold changing through the 3 dates to provide on-going bone adjustment.

TIME INTERVALS corresponding to the 6 periods in 24 hours in which energy need evolved from possible available ranges of spectral energy from radio to gamma rays:	1 Breath thru nasolacrimal duct into inferior lacrimal canaliculus to activate cavernous sinus 2 & Eye Apparatus:	2 Breath through Eustacean tube to activate mastoid cells and the	3 Breath through Eustacean tube to activate posterior semicircular duct ampulla and the	4 Breath through inferior nasal meatus & incisive canal to activate LLS 1+2:	5 Breath through middle nasal meatus & incisive canal to activate LLS 5:	6 Breath through superior nasal meatus & incisive canal to activate RLS 8:	EXIT ROUTES for unincor-porated wave lengths of spectral energy:
8:52am-11:16am >	Part 1 <lymph>	Thoracic Duct	Kidney	Part 1	Part 1	Part 1	urethra
11:16am-4:04pm >	Part 2 <blood>	Parathyroids	Gallbladder	Part 2	Part 2	Part 2	armpits
4:04pm-12:52am >	Part 3<hormone>	Thyroid Gland	Duodenum	Part 3	Part 3	Part 3	nipples
12:52am-7:16am >	Part 4 <DNA>	Cerebellum 2	Liver	Part 4	Part 4	Part 4	anus
7:16am-8:04am >	Part 5 <RNA>	Cerebrum 8	Lat.Vent., L.F.	Part 5	Part 5	Part 5	eye
8:04am-8:52am >	Part 6 <protein>	Cranial Nerve IV	Nerve T4	Part 6	Part 6	Part 6	vagina

1/2/2015 DAY 1 BOB HOOK COMPLEX above is altered in connection with Bob Center, Lower 2nd Molar (by way of Tympanic Cells), through aegis of the Lingual Gyrus.

Associated bones/muscles are (1) Zygomatic Bone - eye's dilator muscle
(2) Ulna - heart, anterior pectinate

(3) C5
vocalis

(4) Mc DP2
extensor pollicis brevis

(5) Rib 4
tensor tympani

(6) Mt DP2
soleus, inner part

1/3/2015 Day 2 Bob Hook Complex Aid below is altered in connection with Bob Center, L4 (by way of Frontal Sinus), in conjunction with Cranial Nerve XII (Hypoglossal).

DAY 2 BOB-A > (1) ZYGOMATIC BONE - eye's sphincter muscle
Associated bones/muscles are (2) Ulna - heart, septal pectinate

(3) C5
oblique thyroarytenoid

(4) Mc DP2
extensor indicis

(5) Rib 4
uvula

(6) Mt DP2
popliteus

1/4/2015 Day 3 Bob Hook Complex Aid (Bob-A) below is altered in connection with Bob Center, LLS 10'.

(1) Zygomatic Bone - eye's orbitalis muscle
(2) Ulna - heart, posterior pectinate

(3) C5
thyroarytenoid

(4) Mc DP2
extensor pollicis longus

(5) RIB 4 > DAY 3 BOB-A
stapedius

(6) Mt DP2
soleus, outer part

PROCESS FOR ALTERING STRUCTURES
with the following occurances proposed as associated with progress toward optimal functioning

Read boxes from left to right	**Inhalation along given tracts "to" given structures,**	**Likely causes (1) eye tracts to receive spectral energy (with surrogate aid from 6 Exit correspondents*) & intake into**	**And (2) pressure (for alteration) on**	**Exhalation with no collapse of breath tract & structures,**	**Causes (1) pressure (for alteration) on**	**And (2)**	**And (3)**
Day 1 ^ = * see page bottom for each	Superior lacrimal canaliculi "to" Straight/ occipital sinuses**,**	Lower 2nd molars ^	Lingual gyri ^^**;**	Sup.lac.can. & Straight/occipital sinuses & 6 Exit correspondents* & Lower 2nd molars ^ & Lingual gyri ^^**,**	Lower 2nd molars ^ **And intake into** Lingual gyri ^^	Breath "to" Straight/ occipital sinuses to disperse to receiving structures of the brain to serve during inhalation	Exhalation pressure brought to bear on 6 Exit correspondents* to precipitate that which*** will serve possible surrogate, specifically needed spectral energy roles during inhalation**;** unused "spectral energy" pressure of the breath cycle disperses to Exits**.
Day 2 ^ = * see below for each	Inferior lacrimal canaliculi "to" Cavernous sinuses 2**,**	As above but for L4 ^ (+ CN XII, i.e. Cranial nerve XII, Hypoglossal)	As above but for the Zygomatic bones ^^**;**	Inf. lac. can. & Cavernous sinuses 2 & 6 Exit correspondents* & L4^ (+ CN XII) & Zygomatic bones ^^**,**	L4 ^ (+ CN XII) **And intake into** Zygomatic bones ^^	Breath "to" Cavernous sinuses 2 to disperse to receiving structures of the brain	As above
Day 3 ^ = * see below	Middle nasal meatus & incisive canal "to" LLS 5**,**	As above but for LLS 10' ^	As above but for Rib 4s ^^**;**	Mid. nas. m. & LLS 5 & 6 Exit correspondents* & LLS 10' ^ & Rib 4s ^^**,**	LLS 10' ^ **And intake into** Rib 4s ^^	Breath "to" LLS 5 to disperse to lung part destinations	As above

Note: Maintain alignment of L5**/**pisiform, McSs2**/**incus, McSs1**/**hyoid, MtSs1**/**patella.

^ = up arrow **Direction** of **Stretch** for **Muscles** on **Front** of **Page**

heart, anterior pectinate - from anterior papillary muscle to anterior medial wall of heart
vocalis - from front medial inner wall of thyroid cartilage toward vocal process of arytenoid cartilage
extensor pollicis brevis - from lower posterior interosseous membrane & radius to posterior base of Mc PP1
tensor tympani - from above & parallel to Eustacean tube into tendon dropping to manubrium of malleus
soleus, inner - from near posterior lateral tibia top as oblique line down across tibia into Achilles tendon

heart, septal pectinate - from septal papillary muscle to septal mitral or tricuspid valves' cusps | muscle
oblique thyroarytenoid - from arytenoid cartilage outer base curving forward up across outer thyroarytenoid **^**
extensor indicis -from posterior bases of Mc DP2 & MP2 to lower posterior interosseous membrane and ulna
uvula - from the palatine uvula mass of tissue toward the posterior palatine bone | lateral epicondyle
popliteus - from posterior medial upper tibia's down-pointing wedge above the soleal line to femur's **^**

heart, posterior pectinate - from posterior papillary muscle to lower posterior wall of heart
thyroarytenoid - lateral to the vocalis muscle (see above) toward muscular process of the arytenoid cartilage
extensor pollicis longus - from middle posterior ulna & interosseous membrane to posterior base of Mc DP1
stapedius - from pyramidal eminence medial to mastoid process to head of stapes/incus long arm juncture
soleus, outer - from top 1/3 of posterior fibula into calcaneal (Achilles) tendon to top of calcaneal tuberosity

^ & ^^ **:** ^ is Part 2's "Inroad Channel" (= Center of Gravity) & ^^ is the "Resulting Structure" (= Day's "Bone")

***Exit correspondents associated with Day 1, Day 2 & Day 3 structures are shown below**						**** Exits**
8:52a - 11:16a **|** Eye part 1 **|**	Thoracic duct	Kidney	LLS 1+2,p.1	LLS 5, p.1	RLS 8, p.1	Urethra
11:16a - 4:04p **|** Eye part 2 **|**	Parathyroids	Gallbladder	part 2	part 2	part 2	Armpits
4:04p - 12:52a **|** Eye part 3 **|**	Thyroid gland	Duodenum	part 3	part 3	part 3	Nipples
12:52a - 7:16a **|** Eye part 4 **|**	Cerebellum 2	Liver	part 4	part 4	part 4	Anus
7:16a - 8:04a **|** Eye part 5 **|**	Cerebrum 8	Lat.Vent.,L.F.	part 5	part 5	part 5	Eye
8:04a - 8:52a **|** Eye part 6 **|**	Cranial nerve IV	Nerve T4	part 6	part 6	part 6	Vagina

***** That which is formed is that which is needed to serve in altering organism structures to allow the organism to continually change to accord itself to its constantly altering universe.**

8:52 a.m. 7/2/1939 HUMAN as Bob or Pendulum from Crista Galli as Hook or Pivot for 1/5 - 1/7/2015

DAY 1 BOB HOOK COMPLEX is ETHMOID/Sphenoid BONE with breath through Nasolacrimal Duct (N.D.) & Superior Lacrimal Canaliculus to activate the Superior Petrosal Sinus thereby arranging the INFERIOR FRONTAL GYRUS to align UTRICLE OF THE EAR to form Lens,
"muscles" are the upper, lateral quadrant 3-member set (25-27) of 3 equatorial zonular fibers per set.

DAY 2 BOB-A is TEMPORAL/Triquetrum BONE with 2nd component of breath through N.D. & Inferior Lacrimal Canaliculus to activate Cavernous Sinus 3 thereby arranging TRIGEMINAL NERVE (C.N. V) to continue proper gyrus function, muscles are the dilator, sphincter and orbitalis of the eye.

DAY 3 BOB HOOK COMPLEX AID (BOB-A) is T5/Mt 4 with 3rd component of breath through Middle Nasal Meatus & Incisive Canal to activate RLS 5 thereby arranging SPINAL NERVE 9 (T5 Spinal Nerve) to continue proper gyrus function, muscles are as shown.

In order for the above described Bob Hook Complex to approach optimal function, there can be no mis-alignment of its associated bone, muscle and organ structures. In the lower set of boxed columns below, preceded in the upper set by the enabling breath tracts, and aligned to the 6 spectral energy time intervals in 24 hours at left, are the 6 spectral energy associated structures as correlated with each numbered bone further below in the dated boxes. The 3 dated boxes then show the associated bone scaffold for T5 with the muscles for each bone of the scaffold changing through the 3 dates to provide on-going bone adjustment.

TIME INTERVALS corresponding to the 6 periods in 24 hours in which energy need evolved from possible available ranges of spectral energy from radio to gamma rays:	1 Breath thru nasolacrimal duct into inferior lacrimal canaliculus to activate cavernous sinus 3 & Eye Apparatus:	2 Breath through middle nasal meatus to activate maxillary sinus and the	3 Breath through Eustacean tube to activate lateral semicircular duct ampulla and the	4 Breath through inferior nasal meatus & incisive canal to activate RLS 2:	5 Breath through middle nasal meatus & incisive canal to activate RLS 5:	6 Breath through superior nasal meatus & incisive canal to activate LLS 9:	EXIT ROUTES for unincor-porated wave lengths of spectral energy:
8:52am-11:16am >	Part 1 <lymph>	Peyer's Patches	Kidney	Part 1	Part 1	Part 1	urethra
11:16am-4:04pm >	Part 2 <blood>	Aorta	Gallbladder	Part 2	Part 2	Part 2	armpits
4:04pm-12:52am >	Part 3<hormone>	Pyloric Gland	Duodenum	Part 3	Part 3	Part 3	nipples
12:52am-7:16am >	Part 4 <DNA>	Cerebellum 3	Liver	Part 4	Part 4	Part 4	anus
7:16am-8:04am >	Part 5 <RNA>	Cerebrum 9	Lat.Vent., R.B.	Part 5	Part 5	Part 5	eye
8:04am-8:52am >	Part 6 <protein>	Cranial Nerve V	Nerve T5	Part 6	Part 6	Part 6	vagina

1/5/2015 DAY 1 BOB HOOK COMPLEX above is altered in connection with Bob Center, Upper 1st Molar (by way of Maxillary Sinus), through aegis of the Inferior Frontal Gyrus.

Associated bones/muscles are (1) Temporal Bone - eye's dilator muscle
(2) Triquetrum - esophagus, longitudinal fibers

(3) S2
nasalis, alar part

(4) Mc 4
trapezius, frontmost part

(5) T5
longissimus capitis

(6) Mt 4
adductor hallucis, oblique head

1/6/2015 Day 2 Bob-A below is altered in connection with Bob-Center, Parietal Bone's overseen Series of Soft Tissue Structure (by way of Frontal Sinus), in conjunction with Cranial Nerve XI (Accessory).

DAY 2 BOB-A > (1) TEMPORAL BONE - eye's sphincter muscle
Associated bones/muscles are (2) Triquetrum - esophagus, circular fibers

(3) S2
inferior rectus of eye

(4) Mc 4
pectoralis, abdominal part

(5) T5
spinalis capitis & cervicis

(6) Mt 4
abductor hallucis

1/7/2015 Day 3 Bob Hook Complex Aid (Bob-A) below is altered in connection with Bob Center,
(1) Temporal Bone - eye's orbitalis muscle **RLS 9'.**
(2) Triquetrum - esophagus, muscularis mucosa

(3) S2
nasalis, transverse part

(4) Mc 4
deltoid, frontmost part

(5) T5 > DAY 3 BOB-A
iliocostalis thoracis & cervicis

(6) Mt 4
adductor hallucis, transverse head

PROCESS FOR ALTERING STRUCTURES
with the following occurances proposed as associated with progress toward optimal functioning

Read boxes from left to right	**Inhalation along given tracts "to" given structures,**	**Likely causes (1) eye tracts to receive spectral energy (with surrogate aid from 6 Exit correspondents*) & intake into**	**And (2) pressure (for alteration) on**	**Exhalation with no collapse of breath tract & structures,**	**Causes (1) pressure (for alteration) on**	**And (2)**	**And (3)**
Day 1 ^ = * see page bottom for each	Superior lacrimal canaliculi "to" Superior petrosal sinuses**,**	Upper 1st molars ^	Inferior frontal gyri ^^**;**	Sup.lac.can. & Sup. petrosal sinuses & 6 Exit correspondents* & Upper 1st molars ^ & Inferior frontal gyri ^^**,**	Upper 1st molars ^ **And intake into** Inferior frontal gyri ^^	Breath "to" Superior petrosal sinuses to disperse to receiving structures of the brain to serve during inhalation	Exhalation pressure brought to bear on 6 Exit correspondents* to precipitate that which*** will serve possible surrogate, specifically needed spectral energy roles during inhalation**;** unused "spectral energy" pressure of the breath cycle disperses to Exits**.
Day 2 ^ = * see below for each	Inferior lacrimal canaliculi "to" Cavernous sinuses 3**,** (+ CN XI - Accessory)	As above but for the Thymus, celiac trunk, suprarenal glands + 3 others ^	As above but for the Temporal bones ^^**;**	Inf. lac. can. & Cavernous sinuses 3 & 6 Exit correspondents* & Thymus, etc.^ & Temporal bones ^^**,**	Thymus, celiac trunk, suprarenal glands, etc.^ (+ CN XI) **& intake into** Temporal bones ^^	Breath "to" Cavernous sinuses 3 to disperse to receiving structures of the brain	As above
Day 3 ^ = * see below	Middle nasal meatus & incisive canal "to" RLS 5**,**	As above but for RLS 9' ^	As above but for T5 ^^**;**	Mid. nas. m. & RLS 5 & 6 Exit correspondents* & RLS 9' ^ & T5 ^^**,**	RLS 9' ^ **And intake into** T5 ^^	Breath "to" RLS 5 to disperse to lung part destinations	As above

v = down arrow **Direction of Stretch for Muscles on Front of Page**

esophagus, longitudinal fibers - 1st fiber from anterior beginning to anterior end, then parallel rows around **v**
nasalis, alar part - from maxilla in area of lateral incisor tooth to posterior wing of nostril's cartilage | in 24 hours
trapezius, frontmost part - from medial occipital's superior nuchal line to upper border of lateral clavicle
longissimus capitis - from T5-T1 transverse & C7-C4 articular processes to mastoid process
adductor hallucis, oblique head - from Mt 4/3/2 bases & fibularis longus tendon to lateral MtSs1/Mt PP1 base

esophagus, circular fibers - from posterior end to make around-circling bands along to posterior beginning
inferior rectus of eye - from inferior surface of eyeball to common tendinous ring around optic nerve
pectoralis, abdominal part - from anterior lateral upper humerus to rib 6-7 coastal cartilage area
spinalis capitis & cervicis - from occipital bone & C2-C4 spinous processes down to those of C4-C7 & T1-T2
abductor hallucis - from medial plantar base of Mt PP1 to area of medial side of heel

esophagus, innermost fibers - from area of end of last circular fiber with bunched origin of oblique fibers progressing medially to esophagus anterior beginning, 1st fibers curving laterally away, with next fiber arcs straightening toward a final fiber back to anterior end of esophagus to area of 1st longitudinal fiber end
nasalis, transverse part - from maxilla bone at side of nostril slanting up to bridge of nose
deltoid, frontmost part - from lower border of lateral clavicle to just above mid-lateral humerus
iliocostalis thoracis & cervicis - from ribs 12-3 angles out&up to ribs 6-1 angles & C7-4 transverse processes
adductor hallucis, transverse head - from ligaments of Mt PP5/4/3 bases to lateral MtSs1/MtPP1 base

^ & ^^ **:** ^ is Part 2's "Inroad Channel" (= Center of Gravity) & ^^ is the "Resulting Structure" (= Day's "Bone")

***Exit correspondents associated with Day 1, Day 2 & Day 3 structures are shown below**							**** Exits**
8:52a - 11:16a **|** Eye part 1 **|**	Peyer's patches	Kidney	RLS 2, p.1	RLS 5, p.1	LLS 9, p.1		Urethra
11:16a - 4:04p **|** Eye part 2 **|**	Aorta	Gallbladder	part 2	part 2	part 2		Armpits
4:04p - 12:52a **|** Eye part 3 **|**	Pyloric gland	Duodenum	part 3	part 3	part 3		Nipples
12:52a - 7:16a **|** Eye part 4 **|**	Cerebellum 3	Liver	part 4	part 4	part 4		Anus
7:16a - 8:04a **|** Eye part 5 **|**	Cerebrum 9	Lat.Vent.,R.B.	part 5	part 5	part 5		Eye
8:04a - 8:52a **|** Eye part 6 **|**	Cranial nerve V	Nerve T5	part 6	part 6	part 6		Vagina

***** Being that which is needed to allow constant organism alteration for constant universe change.**

8:52 a.m. 7/2/1939 HUMAN as Bob or Pendulum from Crista Galli as Hook or Pivot for 1/8 - 1/10/2015

DAY 1 BOB HOOK COMPLEX is Ethmoid/SPHENOID BONE with breath through Nasolacrimal Duct (N.D.) & Superior Lacrimal Canaliculus to activate the Superior Petrosal Sinus thereby arranging the INFERIOR FRONTAL GYRUS, OPERCULAR PART to align UTRICLE OF THE EAR to form Lens, "muscles" are the upper, lateral quadrant 3-member set (28-30) of 3 equatorial zonular fibers per set.

DAY 2 BOB-A is ZYGOMATIC/Pisiform BONE with 2nd component of breath through N.D. & Inferior Lacrimal Canaliculus to activate Cavernous Sinus 3 thereby arranging ABDUCENT NERVE (C.N. VI) to continue proper gyrus function, muscles are the dilator, sphincter and orbitalis of the eye.

DAY 3 BOB HOOK COMPLEX AID (BOB-A) is RIB 5/Navicular Bone with 3rd component of breath through Middle Nasal Meatus & Incisive Canal to activate RLS 5 thereby arranging SPINAL NERVE 10 (T6 Spinal Nerve) to continue proper gyrus function, muscles are as shown.

In order for the above described Bob Hook Complex to approach optimal function, there can be no mis-alignment of its associated bone, muscle and organ structures. In the lower set of boxed columns below, preceded in the upper set by the enabling breath tracts, and aligned to the 6 spectral energy time intervals in 24 hours at left, are the 6 spectral energy associated structures as correlated with each numbered bone further below in the dated boxes. The 3 dated boxes then show the associated bone scaffold for Rib 5 with the muscles for each bone of the scaffold changing through the 3 dates to provide on-going bone adjustment.

TIME INTERVALS corresponding to the 6 periods in 24 hours in which energy need evolved from possible available ranges of spectral energy from radio to gamma rays:	1 Breath thru nasolacrimal duct into inferior lacrimal canaliculus to activate cavernous sinus 3 & Eye Apparatus:	2 Breath through middle nasal meatus to activate maxillary sinus and the	3 Breath through Eustacean tube to activate lateral semicircular duct ampulla and the	4 Breath through inferior nasal meatus & incisive canal to activate RLS 2:	5 Breath through middle nasal meatus & incisive canal to activate RLS 5:	6 Breath through superior nasal meatus & incisive canal to activate LLS 9:	EXIT ROUTES for unincorporated wave lengths of spectral energy:
8:52am-11:16am >	Part 1 <lymph>	Peyer's Patches	Kidney	Part 1	Part 1	Part 1	urethra
11:16am-4:04pm >	Part 2 <blood>	Aorta	Gallbladder	Part 2	Part 2	Part 2	armpits
4:04pm-12:52am >	Part 3<hormone>	Pyloric Gland	Duodenum	Part 3	Part 3	Part 3	nipples
12:52am-7:16am >	Part 4 <DNA>	Cerebellum 3	Liver	Part 4	Part 4	Part 4	anus
7:16am-8:04am >	Part 5 <RNA>	Cerebrum 10	Lat.Vent., R.B.	Part 5	Part 5	Part 5	eye
8:04am-8:52am >	Part 6 <protein>	Cranial Nerve VI	Nerve T6	Part 6	Part 6	Part 6	vagina

1/8/2015 DAY 1 BOB HOOK COMPLEX above is altered in connection with Bob Center, Lower 1st Molar (by way of Maxillary Sinus), through aegis of Inferior Frontal Gyrus, Opercular Part.

Associated bones/muscles are (1) Zygomatic Bone - eye's dilator muscle
(2) Pisiform - stomach, outer longitudinal layer

(3) C6
orbicularis oculi, palpebral part

(4) Scaphoid
teres minor

(5) Rib 5
interspinalis cervicis

(6) Navicular
abductor digiti minimi, medial

1/9/2015 Day 2 Bob Hook Complex Aid below is altered in connection with Bob-Center, L4 (by way of Frontal Sinus), in conjunction with Cranial Nerve XII (Hypoglossal).

DAY 2 BOB-A > (1) ZYGOMATIC BONE - eye's sphincter muscle
Associated bones/muscles are (2) Pisiform - stomach, middle circular layer

(3) C6
depressor supercilii

(4) Scaphoid
latissimus dorsi

(5) Rib 5
oblique capitis inferior

(6) Navicular
opponens digiti minimi

1/10/2015 Day 3 Bob Hook Complex Aid (Bob-A) below is altered in connection with Bob Center, LLS 9'.

(1) Zygomatic Bone - eye's orbitalis muscle
(2) Pisiform - stomach, inner oblique layer

(3) C6
orbicularis oculi, orbital part

(4) Scaphoid
teres major

(5) RIB 5 > DAY 3 BOB-A
interspinalis lumborum

(6) Navicular
abductor digiti minimi, lateral

PROCESS FOR ALTERING STRUCTURES
with the following occurances proposed as associated with progress toward optimal functioning

Read boxes from left to right	**Inhalation along given tracts "to" given structures,**	**Likely causes (1) eye tracts to receive spectral energy (with surrogate aid from 6 Exit correspondents*) & intake into**	**And (2) pressure (for alteration) on**	**Exhalation with no collapse of breath tract & structures,**	**Causes (1) pressure (for alteration) on**	**And (2)**	**And (3)**
Day 1 ^ = * see page bottom for each	Superior lacrimal canaliculi "to" Superior petrosal sinuses**,**	Lower 1st molars ^	Inferior frontal gyri, opercular part ^^**;**	Sup.lac.can. & Sup. petrosal sinuses & 6 Exit correspondents* & Lower 1st molars^ & Inferior frontal gyri, opercular p**.** ^^**,**	Lower 1st molars ^ **And intake into** Inferior frontal gyri, opercular part ^^	Breath "to" Superior petrosal sinuses to disperse to receiving structures of the brain to serve during inhalation	Exhalation pressure brought to bear on 6 Exit correspondents* to precipitate that which*** will serve possible surrogate, specifically needed spectral energy roles during inhalation**;** unused "spectral energy" pressure of the breath cycle disperses to Exits**.
Day 2 ^ = * see below for each	Inferior lacrimal canaliculi "to" Cavernous sinuses 3**,**	As above but for L4 ^ (+ CN XII, i.e. Cranial nerve XII, Hypoglossal)	As above but for the Zygomatic bones ^^**;**	Inf. lac. can. & Cavernous sinuses 3 & 6 Exit correspondents* & L4^ (+ CN XII) & Zygomatic bones ^^**,**	L4 ^ (+ CN XII) **And intake into** Zygomatic bones ^^	Breath "to" Cavernous sinuses 3 to disperse to receiving structures of the brain	As above
Day 3 ^ = * see below	Middle nasal meatus & incisive canal "to" RLS 5**,**	As above but for LLS 9' ^	As above but for Rib 5s ^^**;**	Mid. nas. m. & RLS 5 & 6 Exit correspondents* & LLS 9' ^ & Rib 5s ^^**,**	LLS 9' ^ **And intake into** Rib 5s ^^	Breath "to" RLS 5 to disperse to lung part destinations	As above

^ / **v** = up / down arrows **Direction** of **Stretch** for **Muscles** on **Front** of **Page**

~ = line continuance in this section

lel fibers originating around esophageal juncture in 24 hours

stomach, outer longitudinal - from front of esophagus/stomach juncture to stomach/pylorus juncture, paral- **^**

orbicularis oculi, palpebral part - muscle forming eyelids from area of medial palpable ligament on around

teres minor - from scapula's posterior middle-upper lateral border to humerus's posterior greater tubercle

interspinalis cervicis - from lower spinous processes of cervical vertebrae to higher

side of Mt PP5 base

abductor digiti minimi, medial - from between lateral & medial processes of calcaneus tuberosity to lateral **^**

stomach, middle circular - around pylorus from back, fibers then circling in bands from back progressing to **v**

depressor supercilii - from lower forehead to medial palpebral ligament in medial corner of eye

fundus

latissimus dorsi - from most upper central anterior humerus around to lower thoracic / lumbar / sacral spine

oblique capitis inferior- from C1 transverse process to C2 spinous process

opponens digiti minimi - from lateral side of Mt PP5 base back to most lateral fibers of Mt 5 base

stomach, inner oblique layer - from fundus peak obliquely toward lateral wall, similar rows back to (**~** below)

orbicularis oculi, orbital part - outer muscle around eyelids from area of medial palpable ligament on around

teres major - from scapula's posterior lower lateral border to most upper medial anterior humerus

interspinalis lumborum - from lower spinous processes of lumbar vertebrae to higher

abductor digiti minimi, lateral - from lateral process of calcaneus tuberosity to lateral side of Mt PP5 base

~ cardiac notch, with last row along the inner curve of stomach to the 1st longitudinal fiber's end area

^ & ^^ **:** ^ is Part 2's "Inroad Channel" (= Center of Gravity) & ^^ is the "Resulting Structure" (= Day's "Bone")

***Exit correspondents associated with Day 1, Day 2 & Day 3 structures are shown below**						**** Exits**
8:52a - 11:16a **|** Eye part 1 **|**	Peyer's patches	Kidney	RLS 2, p.1	RLS 5, p.1	LLS 9, p.1	Urethra
11:16a - 4:04p **|** Eye part 2 **|**	Aorta	Gallbladder	part 2	part 2	part 2	Armpits
4:04p - 12:52a **|** Eye part 3 **|**	Pyloric gland	Duodenum	part 3	part 3	part 3	Nipples
12:52a - 7:16a **|** Eye part 4 **|**	Cerebellum 3	Liver	part 4	part 4	part 4	Anus
7:16a - 8:04a **|** Eye part 5 **|**	Cerebrum 10	Lat.Vent.,R.B.	part 5	part 5	part 5	Eye
8:04a - 8:52a **|** Eye part 6 **|**	Cranial nerve VI	Nerve T6	part 6	part 6	part 6	Vagina

***** Being that which is needed to allow constant organism alteration for constant universe change.**

8:52 a.m. 7/2/1939 HUMAN as Bob or Pendulum from Crista Galli as Hook or Pivot for 1/11 - 1/13/2015

DAY 1 BOB HOOK COMPLEX is ETHMOID/Sphenoid BONE with breath through Nasolacrimal Duct (N.D.) & Superior Lacrimal Canaliculus to activate the Superior Petrosal Sinus thereby arranging the INFERIOR FRONTAL GYRUS, TRIANGULAR PART to align SACCULE OF THE EAR to form Lens, "muscles" are the upper, lateral quadrant 3-member set (31-33) of 3 equatorial zonular fibers per set.

DAY 2 BOB-A is TEMPORAL/Hook of Hamate BONE with 2nd component of breath through N.D. & Inferior Lacrimal Canaliculus to activate Cavernous Sinus 3 thereby arranging TRIGEMINAL NERVE (C.N. V) to continue proper gyrus function, muscles are the dilator, sphincter and orbitalis of the eye.

DAY 3 BOB HOOK COMPLEX AID (BOB-A) is T6/Mt PP4 with 3rd component of breath through Middle Nasal Meatus & Incisive Canal to activate RLS 5 thereby arranging SPINAL NERVE 11 (T7 Spinal Nerve) to continue proper gyrus function, muscles are as shown.

In order for the above described Bob Hook Complex to approach optimal function, there can be no mis-alignment of its associated bone, muscle and organ structures. In the lower set of boxed columns below, preceded in the upper set by the enabling breath tracts, and aligned to the 6 spectral energy time intervals in 24 hours at left, are the 6 spectral energy associated structures as correlated with each numbered bone further below in the dated boxes. The 3 dated boxes then show the associated bone scaffold for T6 with the muscles for each bone of the scaffold changing through the 3 dates to provide on-going bone adjustment.

TIME INTERVALS corresponding to the 6 periods in 24 hours in which energy need evolved from possible available ranges of spectral energy from radio to gamma rays:	**1** Breath thru nasolacrimal duct into inferior lacrimal canaliculus to activate cavernous sinus 3 & Eye Apparatus:	**2** Breath through middle nasal meatus to activate maxillary sinus and the	**3** Breath through Eustacean tube to activate utricle of the ear and the	**4** Breath through inferior nasal meatus & incisive canal to activate RLS 2:	**5** Breath through middle nasal meatus & incisive canal to activate RLS 5:	**6** Breath through superior nasal meatus & incisive canal to activate LLS 9:	**EXIT ROUTES** for unincor-porated wave lengths of spectral energy:
8:52am-11:16am >	Part 1 <lymph>	Peyer's Patches	Kidney	Part 1	Part 1	Part 1	urethra
11:16am-4:04pm >	Part 2 <blood>	Aorta	Gallbladder	Part 2	Part 2	Part 2	armpits
4:04pm-12:52am >	Part 3<hormone>	Pyloric Gland	Duodenum	Part 3	Part 3	Part 3	nipples
12:52am-7:16am >	Part 4 <DNA>	Cerebellum 3	Liver	Part 4	Part 4	Part 4	anus
7:16am-8:04am >	Part 5 <RNA>	Cerebrum 11	Lat.Vent., R.B.	Part 5	Part 5	Part 5	eye
8:04am-8:52am >	Part 6 <protein>	Cranial Nerve V	Nerve T7	Part 6	Part 6	Part 6	vagina

1/11/2015 DAY 1 BOB HOOK COMPLEX above is altered in connection with Bob Center, Upper 2nd Pre-Molar (by way of Mastoid Cells), through aegis of Inferior Frontal Gyrus, Triangular Part.

Associated bones/muscles are (1) Temporal Bone - eye's dilator muscle
(2) Hook of Hamate - small intestine, longitudinal fibers

(3) S1
orbicularis oris, superficial fibers

(4) Mc PP4
subscapularis

(5) T6
longissimus thoracis & cervicis

(6) Mt PP4
quadratus plantae, medial

1/12/2015 Day 2 Bob-A below is altered in connection with Bob-Center, Parietal Bone's overseen Series of Soft Tissue Structure (by way of Frontal Sinus), in conjunction with Cranial Nerve XI (Accessory).

DAY 2 BOB-A > (1) TEMPORAL BONE - eye's sphincter muscle
Associated bones/muscles are (2) Hook of Hamate - small intestine, circular fibers

(3) S1
medial rectus of eye

(4) Mc PP4
supraspinatus

(5) T6
spinalis thoracis

(6) Mt PP4
interosseous lumbrical no. 1

1/13/2015 Day 3 Bob Hook Complex Aid (Bob-A) below is altered in connection with Bob Center,

(1) Temporal Bone - eye's orbitalis muscle **RLS 8'.**
(2) Hook of Hamate - small intestine, muscularis mucosa

(3) S1
risorius

(4) Mc PP4
infraspinatus

(5) T6 > DAY 3 BOB-A
iliocostalis lumborum

(6) Mt PP4
quadratus plantae, lateral

PROCESS FOR ALTERING STRUCTURES
with the following occurances proposed as associated with progress toward optimal functioning

Read boxes from left to right	**Inhalation along given tracts "to" given structures,**	**Likely causes (1) eye tracts to receive spectral energy (with surrogate aid from 6 Exit correspondents*) & intake into**	**And (2) pressure (for alteration) on**	**Exhalation with no collapse of breath tract & structures,**	**Causes (1) pressure (for alteration) on**	**And (2)**	**And (3)**
Day 1 ^ = * see page bottom for each	Superior lacrimal canaliculi "to" Superior petrosal sinuses,	Upper 2nd pre-molars ^	Inferior frontal gyri, triangular part ^^; & Inferior frontal gyri, triangular part ^^,	Sup.lac.can. & Sup. petrosal sinuses & 6 Exit correspondents* & Upper 2nd pre-molars ^	Upper 2nd pre-molars ^ **And intake into** Inferior frontal gyri, triangular part ^^	Breath "to" Superior petrosal sinuses to disperse to receiving structures of the brain to serve during inhalation	Exhalation pressure brought to bear on 6 Exit correspondents* to precipitate that which*** will serve possible surrogate, specifically needed spectral energy roles during inhalation; unused "spectral energy" pressure of the breath cycle disperses to Exits**.
Day 2 ^ = * see below for each	Inferior lacrimal canaliculi "to" Cavernous sinuses 3, (+ CN XI - Accessory)	As above but for the Thymus, celiac trunk, suprarenal glands + 3 others ^	As above but for the Temporal bones ^^;	Inf. lac. can. & Cavernous sinuses 3 & 6 Exit correspondents* & Thymus, etc.^ & Temporal bones ^^,	Thymus, celiac trunk, suprarenal glands, etc.^ (+ CN XI) **& intake into** Temporal bones ^^	Breath "to" Cavernous sinuses 3 to disperse to receiving structures of the brain	As above
Day 3 ^ = * see below	Middle nasal meatus & incisive canal "to" RLS 5,	As above but for RLS 8' ^	As above but for T6 ^^;	Mid. nas. m. & RLS 5 & 6 Exit correspondents* & RLS 8' ^ & T6 ^^,	RLS 8' ^ **And intake into** T6 ^^	Breath "to" RLS 5 to disperse to lung part destinations	As above

Note: Maintain alignment of L5**/**pisiform, McSs2**/**incus, McSs1**/**hyoid, MtSs1**/**patella.

v = down arrow **Direction** of **Stretch** for **Muscles** on **Front** of **Page**

~ = line continuance in this section

~ at duodenum front with last oblique fiber end at ileum top end

small intestine, longitudinal fibers -1st fiber from front beginning (duodenum) to top end (ileum),then parallel **v** rows around in 24 hrs
orbicularis oris, superficial fibers - less deep muscle fibers around lips above & below
subscapularis - from most of anterior scapula to just below anterior medial top of humerus
longissimus thoracis & cervicis - from sacrum & lower transverse processes to those higher to C2 & ribs
quadratus plantae, medial - from medial calcaneus bottom surface to flexor digitorum longus tendon centrally

small intestine, circular fibers **-**from bottom end (ileum) making around-circling bands to duodenum beginning
medial rectus of eye - from medial surface of eyeball to common tendinous ring around optic nerve
supraspinatus - from outer top of humerus (greater tubercle) to posterior upper scapula
spinalis thoracis -from upper thoracic spinous processes to those of lowest thoracic & upper lumbar vertebrae
interosseous lumbrical no. 1 - from medial base of Mt PP2 to along medial flexor digitorum longus 1st tendon

small intestine, muscularis mucosa - bunched origin of rows of oblique fibers from end of last circling-band **~**
risorius - from cheek (over deeper muscles) straight in toward corner of mouth
infraspinatus - from much of lower posterior scapula to just below posterior lateral top of humerus
iliocostalis lumborum - centrally from tailbone area & top of hipbone (iliac crest) to lower ribs at their angles
quadratus plantae, lateral - from lateral calcaneus bottom surface to flexor digitorum longus tendon centrally

^ & ^^ **:** ^ is Part 2's "Inroad Channel" (= Center of Gravity) & ^^ is the "Resulting Structure" (= Day's "Bone")

***Exit correspondents associated with Day 1, Day 2 & Day 3 structures are shown below**						**** Exits**
8:52a - 11:16a **|** Eye part 1 **|**	Peyer's patches	Kidney	RLS 2, p.1	RLS 5, p.1	LLS 9, p.1	Urethra
11:16a - 4:04p **|** Eye part 2 **|**	Aorta	Gallbladder	part 2	part 2	part 2	Armpits
4:04p - 12:52a **|** Eye part 3 **|**	Pyloric gland	Duodenum	part 3	part 3	part 3	Nipples
12:52a - 7:16a **|** Eye part 4 **|**	Cerebellum 3	Liver	part 4	part 4	part 4	Anus
7:16a - 8:04a **|** Eye part 5 **|**	Cerebrum 11	Lat.Vent.,R.B.	part 5	part 5	part 5	Eye
8:04a - 8:52a **|** Eye part 6 **|**	Cranial nerve V	Nerve T7	part 6	part 6	part 6	Vagina

***** Being that which is needed to allow constant organism alteration for constant universe change.**

8:52 a.m. 7/2/1939 HUMAN as Bob or Pendulum from Crista Galli as Hook or Pivot for 1/14 - 1/16/2015

DAY 1 BOB HOOK COMPLEX is Ethmoid/SPHENOID BONE with breath through Nasolacrimal Duct (N.D.) & Superior Lacrimal Canaliculus to activate the Superior Petrosal Sinus thereby arranging the INFERIOR FRONTAL GYRUS, ORBITAL PART to align SACCULE OF THE EAR to form Lens, "muscles" are the upper, lateral quadrant 3-member set (34-36) of 3 equatorial zonular fibers per set.

DAY 2 BOB-A is ZYGOMATIC/Lunate BONE with 2nd component of breath through N.D. & Inferior Lacrimal Canaliculus to activate Cavernous Sinus 3 thereby arranging ABDUCENT NERVE (C.N. VI) to continue proper gyrus function, muscles are the dilator, sphincter and orbitalis of the eye.

DAY 3 BOB HOOK COMPLEX AID is RIB 6/Cuneiform Intermediate with 3rd component of breath through Middle Nasal Meatus & Incisive Canal to activate RLS 5 thereby arranging SPINAL NERVE 12 (T8 Spinal Nerve) to continue proper gyrus function, muscles are as shown.

In order for the above described Bob Hook Complex to approach optimal function, there can be no mis-alignment of its associated bone, muscle and organ structures. In the lower set of boxed columns below, preceded in the upper set by the enabling breath tracts, and aligned to the 6 spectral energy time intervals in 24 hours at left, are the 6 spectral energy associated structures as correlated with each numbered bone further below in the dated boxes. The 3 dated boxes then show the associated bone scaffold for Rib 6 with the muscles for each bone of the scaffold changing through the 3 dates to provide on-going bone adjustment.

TIME INTERVALS corresponding to the 6 periods in 24 hours in which energy need evolved from possible available ranges of spectral energy from radio to gamma rays:	1 Breath thru nasolacrimal duct into inferior lacrimal canaliculus to activate cavernous sinus 3 & Eye Apparatus:	2 Breath through middle nasal meatus to activate maxillary sinus and the	3 Breath through Eustacean tube to activate utricle of the ear and the	4 Breath through inferior nasal meatus & incisive canal to activate RLS 2:	5 Breath through middle nasal meatus & incisive canal to activate RLS 5:	6 Breath through superior nasal meatus & incisive canal to activate LLS 9:	EXIT ROUTES for unincor-porated wave lengths of spectral energy:
8:52am-11:16am >	Part 1 <lymph>	Peyer's Patches	Kidney	Part 1	Part 1	Part 1	urethra
11:16am-4:04pm >	Part 2 <blood>	Aorta	Gallbladder	Part 2	Part 2	Part 2	armpits
4:04pm-12:52am >	Part 3<hormone>	Pyloric Gland	Duodenum	Part 3	Part 3	Part 3	nipples
12:52am-7:16am >	Part 4 <DNA>	Cerebellum 3	Liver	Part 4	Part 4	Part 4	anus
7:16am-8:04am >	Part 5 <RNA>	Cerebrum 12	Lat.Vent., R.B.	Part 5	Part 5	Part 5	eye
8:04am-8:52am >	Part 6 <protein>	Cranial Nerve VI	Nerve T8	Part 6	Part 6	Part 6	vagina

1/14/2015 DAY 1 BOB HOOK COMPLEX above is altered in connection with Bob Center, Lower 2nd Pre-Molar (by way of Mastoid Cells), through aegis of Inferior Frontal Gyrus, Orbital Part.

Associated bones/muscles are (1) Zygomatic Bone - eye's dilator muscle
(2) Lunate - longitudinal bundle of bile duct

(3) C7
levator anguli oris

(4) Trapezoid
pectoralis major, clavicular part

(5) Rib 6
semispinalis cervicis

(6) Cuneiform Intermediate
interosseous plantar

1/15/2015 Day 2 Bob Hook Complex Aid below is altered in connection with Bob-Center, L4 (by way of Frontal Sinus), in conjunction with Cranial Nerve XII (Hypoglossal).

DAY 2 BOB-A > (1) ZYGOMATIC BONE - eye's sphincter muscle
Associated bones/muscles are (2) Lunate - common bile duct (choledochal) sphincter

(3) C7
depressor septi nasi

(4) Trapezoid
pectoralis minor

(5) Rib 6
splenius cervicis

(6) Cuneiform Intermediate
interosseous lumbrical nos. 2, 3, 4

1/16/2015 Day 3 Bob Hook Complex Aid (Bob-A) below is altered in connection with Bob Center, LLS 7+8'.

(1) Zygomatic Bone - eye's orbitalis muscle
(2) Lunate - hepatopancreatic ampulla sphincter

(3) C7
depressor anguli oris

(4) Trapezoid
pectoralis major, sternal part

(5) RIB 6 > DAY 3 BOB-A
semispinalis thoracis

(6) Cuneiform Intermediate
interosseous dorsal

PROCESS FOR ALTERING STRUCTURES
with the following occurances proposed as associated with progress toward optimal functioning

Read boxes from left to right	**Inhalation along given tracts "to" given structures,**	**Likely causes (1) eye tracts to receive spectral energy (with surrogate aid from 6 Exit correspondents*) & intake into**	**And (2) pressure (for alteration) on**	**Exhalation with no collapse of breath tract & structures,**	**Causes (1) pressure (for alteration) on**	**And (2)**	**And (3)**
Day 1 ^ = * see page bottom for each	Superior lacrimal canaliculi "to" Superior petrosal sinuses**,**	Lower 2nd pre-molars ^	Inferior frontal gyri, orbital part ^^**;** & Inferior frontal gyri, orbital part ^^	Sup.lac.can. & Sup. petrosal sinuses & 6 Exit correspondents* & Lower 2nd pre-molars ^ & Inferior frontal gyri, orbital part ^^**,**	Lowee 2nd pre-molars ^ **And intake into** Inferior frontal gyri, orbital part ^^	Breath "to" Superior petrosal sinuses to disperse to receiving structures of the brain to serve during inhalation	Exhalation pressure brought to bear on 6 Exit correspondents* to precipitate that which*** will serve possible surrogate, specifically needed spectral energy roles during inhalation**;** unused "spectral energy" pressure of the breath cycle disperses to Exits**.
Day 2 ^ = * see below for each	Inferior lacrimal canaliculi "to" Cavernous sinuses 3**,**	As above but for L4 ^ (+ CN XII, i.e. Cranial nerve XII, Hypoglossal)	As above but for the Zygomatic bones ^^**;**	Inf. lac. can. & Cavernous sinuses 3 & 6 Exit correspondents* & L4^ (+ CN XII) & Zygomatic bones ^^**,**	L4 ^ (+ CN XII) **And intake into** Zygomatic bones ^^	Breath "to" Cavernous sinuses 3 to disperse to receiving structures of the brain	As above
Day 3 ^ = * see below	Middle nasal meatus & incisive canal "to" RLS 5**,**	As above but for LLS 7+8' ^	As above but for Rib 6s ^^**;**	Mid. nas. m. & RLS 5 & 6 Exit correspondents* & LLS 7+8' ^ & Rib 6s ^^**,**	LLS 7+8' ^ **And intake into** Rib 6s ^^	Breath "to" RLS 5 to disperse to lung part destinations	As above

Note: Maintain alignment of L5**/**pisiform, McSs2**/**incus, McSs1**/**hyoid, MtSs1**/**patella.

^/v = up**/**down arrow **Direction** of **Stretch** for **Muscles** on **Front** of **Page** **~** = line continuance in 24 hrs.

longitudinal bundle of bile duct - rows of stretch down bile duct from upper anterior, then posteriorly around **^**
levator anguli oris - from under eye straight down into lip corners underneath other levator facial muscles
pectoralis major, clavicular part - along clavicle from sternum top to anterior lateral upper humerus
semispinalis cervicis -from transverse processes of upper 5-6 thoracic vertebrae to spinous processes of **~~v**
interosseous plantar - from medial side of Mt 3-5 to same of Mt PP3-5 **~** to 1st longitudinal fiber end in 24 hrs.

common bile duct (choledochal) sphincter - bands of circular stretch in 24 hrs. from lower back of bile duct up
depressor septi nasi - from the nasal septum straight down into the central upper lip muscles
pectoralis minor - from scapula's coracoid process to ribs 2-5 close to their costal cartilages parts
splenius cervicis - from highest cervical transverse processes down to upper thoracic spinous processes
interosseous lumbrical nos. 2, 3, 4 - from Mt PP3-5 medial base back to toes' flexor digitorum longus tendons

hepatopancreatic ampulla sphincter - bunched origins of oblique stretch from upper anterior straightening **~ ^**
depressor anguli oris - from chin's bottom edge below lip corners up into these corners ~~some 6 vertebrae above
pectoralis major, sternal part - from sternum length & 6th rib costal part to anterior lateral upper humerus
semispinalis thoracis -from transverse processes of lower 5-6 thoracic vertebrae to spinous processes of **~~^**
interosseous dorsal - from Mt 1 base & adjacent sides of Mt 2-5 to Mt PP2 both sides & PP3-4 lateral sides

^ & ^^ **:** ^ is Part 2's "Inroad Channel" (= Center of Gravity) & ^^ is the "Resulting Structure" (= Day's Bone +)

***Exit correspondents associated with Day 1, Day 2 & Day 3 structures are shown below**						**** Exits**
8:52a - 11:16a **|** Eye part 1 **|**	Peyer's patches	Kidney	RLS 2, p.1	RLS 5, p.1	LLS 9, p.1	Urethra
11:16a - 4:04p **|** Eye part 2 **|**	Aorta	Gallbladder	part 2	part 2	part 2	Armpits
4:04p - 12:52a **|** Eye part 3 **|**	Pyloric gland	Duodenum	part 3	part 3	part 3	Nipples
12:52a - 7:16a **|** Eye part 4 **|**	Cerebellum 3	Liver	part 4	part 4	part 4	Anus
7:16a - 8:04a **|** Eye part 5 **|**	Cerebrum 12	Lat.Vent.,R.B.	part 5	part 5	part 5	Eye
8:04a - 8:52a **|** Eye part 6 **|**	Cranial nerve VI	Nerve T8	part 6	part 6	part 6	Vagina

***** That which is formed is that which is needed to serve in altering organism structures to allow the organism to continually change to accord itself to its constantly altering universe.**

8:52 a.m. 7/2/1939 HUMAN as Bob or Pendulum from Crista Galli as Hook or Pivot for 1/17 - 1/19/2015

DAY 1 BOB HOOK COMPLEX is ETHMOID/Sphenoid BONE with breath through Nasolacrimal Duct (N.D.) & Superior Lacrimal Canaliculus to activate the Inferior Petrosal Sinus thereby arranging the SUPRAMARGINAL GYRUS to align INNER HAIR CELLS OF THE COCHLEA to form Lens, "muscles" are the lateral-most 3-member set (37-39) of 3 equatorial zonular fibers per set.

DAY 2 BOB-A is TEMPORAL/Malleus BONE with 2nd component of breath through N.D. & Inferior Lacrimal Canaliculus to activate Cavernous Sinus 4 thereby arranging FACIAL NERVE (C.N. VII) to continue proper gyrus function, muscles are the dilator, sphincter and orbitalis of the eye.

DAY 3 BOB HOOK COMPLEX AID (BOB-A) is T7/Mt MP4 with 3rd component of breath through Middle Nasal Meatus & Incisive Canal to activate LLS 6 thereby arranging SPINAL NERVE 13 (T9 Spinal Nerve) to continue proper gyrus function, muscles are as shown.

In order for the above described Bob Hook Complex to approach optimal function, there can be no mis-alignment of its associated bone, muscle and organ structures. In the lower set of boxed columns below, preceded in the upper set by the enabling breath tracts, and aligned to the 6 spectral energy time intervals in 24 hours at left, are the 6 spectral energy associated structures as correlated with each numbered bone further below in the dated boxes. The 3 dated boxes then show the associated bone scaffold for T7 with the muscles for each bone of the scaffold changing through the 3 dates to provide on-going bone adjustment.

TIME INTERVALS corresponding to the 6 periods in 24 hours in which energy need evolved from possible available ranges of spectral energy from radio to gamma rays:	1 Breath thru nasolacrimal duct into inferior lacrimal canaliculus to activate cavernous sinus 4 & Eye Apparatus:	2 Breath through Eustacean tube to activate tympanic cells and the	3 Breath through Eustacean tube to activate saccule of the ear and the	4 Breath through inferior nasal meatus & incisive canal to activate LLS 3:	5 Breath through middle nasal meatus & incisive canal to activate LLS 6:	6 Breath through superior nasal meatus & incisive canal to activate RLS 9:	EXIT ROUTES for unincor-porated wave lengths of spectral energy:
8:52am-11:16am >	Part 1 <lymph>	Spleen	Kidney	Part 1	Part 1	Part 1	urethra
11:16am-4:04pm >	Part 2 <blood>	Subclavian Artery	Gallbladder	Part 2	Part 2	Part 2	armpits
4:04pm-12:52am >	Part 3<hormone>	Pancreas	Duodenum	Part 3	Part 3	Part 3	nipples
12:52am-7:16am >	Part 4 <DNA>	Cerebellum 4	Liver	Part 4	Part 4	Part 4	anus
7:16am-8:04am >	Part 5 <RNA>	Cerebrum 13	Lat.Vent., L.B.	Part 5	Part 5	Part 5	eye
8:04am-8:52am >	Part 6 <protein>	Cranial Nerve VII	Nerve T9	Part 6	Part 6	Part 6	vagina

1/17/2015 DAY 1 BOB HOOK COMPLEX above is altered in connection with Bob Center, Upper 1st Pre-Molar (by way of Frontal Sinus), through aegis of the Supramarginal Gyrus.

Associated bones/muscles are (1) Temporal Bone - eye's dilator muscle

(2) Malleus - large intestine, longitudinal fibers

(3) Cx 1
levator labii superioris alaeque nasi

(4) Mc MP4
trapezius, 2nd front part

(5) T7
longus colli, superior oblique part

(6) Mt MP4
extensor hallucis/digitorum brevis

1/18/2015 Day 2 Bob-A below is altered in connection with Bob-Center, Parietal Bone's overseen Series of Soft Tissue Structure (by way of Frontal Sinus) in conjunction with Cranial Nerve XI (Accessory).

DAY 2 BOB-A > (1) TEMPORAL BONE - eye's sphincter muscle

Associated bones/muscles are (2) Malleus - large intestine, circular fibers

(3) Cx 1
lateral rectus of eye

(4) Mc MP4
trapezius, middle part

(5) T7
longus colli, vertical part

(6) Mt MP4
extensor hallucis longus

1/19/2015 Day 3 Bob Hook Complex Aid (Bob-A) below is altered in connection with Bob Center, RLS 7'.

(1) Temporal Bone - eye's orbitalis muscle

(2) Malleus - large intestine, muscularis mucosa

(3) Cx 1
mentalis

(4) Mc MP4
trapezius, back part

(5) T7 > DAY 3 BOB-A
longus colli, inferior oblique part

(6) Mt MP4
extensor digitorum longus & fibularis tertius

PROCESS FOR ALTERING STRUCTURES

with the following occurances proposed as associated with progress toward optimal functioning

Read boxes from left to right	**Inhalation along given tracts "to" given structures,**	**Likely causes (1) eye tracts to receive spectral energy (with surrogate aid from 6 Exit correspondents*) & intake into**	**And (2) pressure (for alteration) on**	**Exhalation with no collapse of breath tract & structures,**	**Causes (1) pressure (for alteration) on**	**And (2)**	**And (3)**
Day 1 ^ = * see page bottom for each	Superior lacrimal canaliculi "to" Inferior petrosal sinuses**,**	Upper 1st pre-molars ^	Supra-marginal gyri ^^**;**	Sup.lac.can. & Inf. petrosal sinuses & 6 Exit correspondents* & Upper 1st pre-molars ^ & Supramarginal gyri ^^**,**	Upper 1st pre-molars ^ **And intake into** Supra-marginal gyri ^^	Breath "to" Inferior petrosal sinuses to disperse to receiving structures of the brain to serve during inhalation	Exhalation pressure brought to bear on 6 Exit correspondents* to precipitate that which*** will serve possible surrogate, specifically needed spectral energy roles during inhalation**;** unused "spectral energy" pressure of the breath cycle disperses to Exits**.
Day 2 ^ = * see below for each	Inferior lacrimal canaliculi "to" Cavernous sinuses 4**,** (+ CN XI - Accessory)	As above but for the Thymus, celiac trunk, suprarenal glands + 3 others ^	As above but for the Temporal bones ^^**;**	Inf. lac. can. & Cavernous sinuses 4 & 6 Exit correspondents* & Thymus, etc.^ & Temporal bones ^^**,**	Thymus, celiac trunk, suprarenal glands, etc.^ (+ CN XI) **& intake into** Temporal bones ^^	Breath "to" Cavernous sinuses 4 to disperse to receiving structures of the brain	As above
Day 3 ^ = * see below	Middle nasal meatus & incisive canal "to" LLS 6**,**	As above but for RLS 7' ^	As above but for T7 ^^**;**	Mid. nas. m. & LLS 6 & 6 Exit correspondents* & RLS 7' ^ & T7 ^^**,**	RLS 7' ^ **And intake into** T7 ^^	Breath "to" LLS 6 to disperse to lung part destinations	As above

Note: Maintain alignment of L5**/**pisiform, McSs2**/**incus, McSs1**/**hyoid, MtSs1**/**patella.

^ = up arrow **Direction** of **Stretch** for **Muscles on Front** **~** = line continuance

colic tenia in 24 hours

large intestine, longitudinal fibers - from ileal orifice area, maybe omental fiber rows, then free, then meso**- ^**

levator labii superioris alaeque nasi - from just below inner corner of eye into side of nose and lip below

trapezius, 2nd front part - from occipital's posterior point (external occipital protuberance) to front acromion

longus colli, superior oblique part - from anterolateral T3-T2 bodies to anterolateral C1 body | Mt PP1-4

extensor hallucis/digitorum brevis - from dorsal/lateral calcaneus, as tendons to extensor longus tendons at**^**

large intestine, circular fibers - bands of encircling fibers from end to beginning of large intestine

lateral rectus of eye - from lateral surface of eyeball to common tendinous ring around optic nerve

trapezius, middle part - from scapula's dorsal acromion to ligamentum nuchae above C7 spinous process

longus colli, vertical part - from anterolateral C2-C4 bodies to anterolateral C5-T3 bodies

extensor hallucis longus - from Mt DP1 anterior base to middle medial fibula/interosseous membrane

large intestine, muscularis mucosa - oblique fibers from area of last circular fiber's end, 1st laterally, then **~**

mentalis - centrally from chin's tip to mandible's depression below incisive teeth (incisive fossa)

trapezius, back part - from T12-T1 & C7 spinous processes to upper border of spine of scapula | tubercles

longus colli, inferior oblique part - from anterolateral T3-T2 bodies to C6-C5 transverse processes' anterior **^**

extensor digitorum longus & fibularis tertius - from tibia's lateral condyle & anteromedial fibula, then down **~~**

~ toward 1st longitudinal fiber's end ~~ anterior fibula into medial tendon to Mt MP/DP2-5 anterior bases

^ & ^^ **:** ^ is Part 2's "Inroad Channel" (= Center of Gravity) & ^^ is the "Resulting Structure" (= Day's Bone +)

***Exit correspondents associated with Day 1, Day 2 & Day 3 structures are shown below**						** Exits
8:52a - 11:16a **|** Eye part 1 **|**	Spleen	Kidney	LLS 3, p.1	LLS 6, p.1	RLS 9, p.1	Urethra
11:16a - 4:04p **|** Eye part 2 **|**	Subclavian Artery	Gallbladder	part 2	part 2	part 2	Armpits
4:04p - 12:52a **|** Eye part 3 **|**	Pancreas	Duodenum	part 3	part 3	part 3	Nipples
12:52a - 7:16a **|** Eye part 4 **|**	Cerebellum 4	Liver	part 4	part 4	part 4	Anus
7:16a - 8:04a **|** Eye part 5 **|**	Cerebrum 13	Lat.Vent.,L.B.	part 5	part 5	part 5	Eye
8:04a - 8:52a **|** Eye part 6 **|**	Cranial nerve VII	Nerve T9	part 6	part 6	part 6	Vagina

*** **Being that which is needed to allow constant organism alteration for constant universe change.**

8:52 a.m. 7/2/1939 HUMAN as Bob or Pendulum from Crista Galli as Hook or Pivot for 1/20 - 1/22/2015

DAY 1 BOB HOOK COMPLEX is Ethmoid/SPHENOID BONE with breath through Nasolacrimal Duct (N.D.) & Superior Lacrimal Canaliculus to activate the Inferior Petrosal Sinus thereby arranging the SUPERIOR TEMPORAL GYRUS to align INNER HAIR CELLS OF THE COCHLEA to form Lens, "muscles" are the lower, lateral quadrant 3-member set (40-42) of 3 equatorial zonular fibers per set.

DAY 2 BOB-A is ZYGOMATIC/Incus BONE with 2nd component of breath through N.D. & Inf. Lacrimal Canaliculus to activate Cavernous Sinus 4 thereby arranging VESTIBULOCOCHLEAR NERVE (C.N. VIII) to continue proper gyrus function, muscles are the dilator, sphincter and orbitalis of the eye.

DAY 3 BOB HOOK COMPLEX AID (BOB-A) is RIB 7/Cuneiform Lateral with 3rd component of breath through Middle Nasal Meatus & Incisive Canal to activate LLS 6 thereby arranging SPINAL NERVE 14 (T10 Spinal Nerve) to continue proper gyrus function, muscles are as shown.

In order for the above described Bob Hook Complex to approach optimal function, there can be no mis-alignment of its associated bone, muscle and organ structures. In the lower set of boxed columns below, preceded in the upper set by the enabling breath tracts, and aligned to the 6 spectral energy time intervals in 24 hours at left, are the 6 spectral energy associated structures as correlated with each numbered bone further below in the dated boxes. The 3 dated boxes then show the associated bone scaffold for Rib 7 with the muscles for each bone of the scaffold changing through the 3 dates to provide on-going bone adjustment.

TIME INTERVALS corresponding to the 6 periods in 24 hours in which energy need evolved from possible available ranges of spectral energy from radio to gamma rays:	1 Breath thru nasolacrimal duct into inferior lacrimal canaliculus to activate cavernous sinus 4 & Eye Apparatus:	2 Breath through Eustacean tube to activate tympanic cells and the	3 Breath through Eustacean tube to activate saccule of the ear and the	4 Breath through inferior nasal meatus & incisive canal to activate LLS 3:	5 Breath through middle nasal meatus & incisive canal to activate LLS 6:	6 Breath through superior nasal meatus & incisive canal to activate RLS 9:	EXIT ROUTES for unincor-porated wave lengths of spectral energy:
8:52am-11:16am >	Part 1 <lymph>	Spleen	Kidney	Part 1	Part 1	Part 1	urethra
11:16am-4:04pm >	Part 2 <blood>	Subclavian Artery	Gallbladder	Part 2	Part 2	Part 2	armpits
4:04pm-12:52am >	Part 3<hormone>	Pancreas	Duodenum	Part 3	Part 3	Part 3	nipples
12:52am-7:16am >	Part 4 <DNA>	Cerebellum 4	Liver	Part 4	Part 4	Part 4	anus
7:16am-8:04am >	Part 5 <RNA>	Cerebrum 14	Lat.Vent., L.B.	Part 5	Part 5	Part 5	eye
8:04am-8:52am >	Part 6 <protein>	Cranial Nerve VIII	Nerve T10	Part 6	Part 6	Part 6	vagina

1/20/2015 DAY 1 BOB HOOK COMPLEX above is altered in connection with Bob Center, Lower 1st Pre-Molar (by way of Frontal Sinus), through aegis of the Superior Temporal Gyrus.

Associated bones/muscles are (1) Zygomatic Bone - eye's dilator muscle
(2) Incus - rectum, longitudinal fibers

(3) Cx 2
auricularis anterior
(4) Capitate
rhomboid minor
(5) Rib 7
rectus capitis anterior
(6) Cuneiform Lateral
gastrocnemius, medial head

1/21/2015 Day 2 Bob Hook Complex Aid below is altered in connection with Bob-Center, L4 (by way of Frontal Sinus), in conjunction with Cranial Nerve XII (Hypoglossal).

DAY 2 BOB-A > (1) ZYGOMATIC BONE - eye's sphincter muscle
Associated bones/muscles are (2) Incus - rectum, circular fibers

(3) Cx 2
auricularis superior
(4) Capitate
levator scapulae
(5) Rib 7
oblique capitis superior
(6) Cuneiform Lateral
plantaris

1/22/2015 Day 3 Bob Hook Complex Aid (Bob-A) below is altered in connection with Bob Center, RLS 6'.

(1) Zygomatic Bone - eye's orbitalis muscle
(2) Incus - rectum, muscularis mucosa

(3) Cx 2
auricularis posterior
(4) Capitate
rhomboid major
(5) RIB 7 > DAY 3 BOB-A
rectus capitis lateralis
(6) Cuneiform Lateral
gastrocnemius, lateral head

PROCESS FOR ALTERING STRUCTURES
with the following occurances proposed as associated with progress toward optimal functioning

Read boxes from left to right	**Inhalation along given tracts "to" given structures,**	**Likely causes (1) eye tracts to receive spectral energy (with surrogate aid from 6 Exit correspondents*) & intake into**	**And (2) pressure (for alteration) on**	**Exhalation with no collapse of breath tract & structures,**	**Causes (1) pressure (for alteration) on**	**And (2)**	**And (3)**
Day 1 ^ = * see page bottom for each	Superior lacrimal canaliculi "to" Inferior petrosal sinuses**,**	Lower 1st pre-molars ^	Superior temporal gyri ^^**;**	Sup.lac.can. & Inf. petrosal sinuses & 6 Exit correspondents* & Lower 1st pre-molars^ & Superior temporal gyri ^^**,**	1st pre-molars ^ **And intake into** Superior temporal gyri ^^	Breath "to" Inferior petrosal sinuses to disperse to receiving structures of the brain to serve during inhalation	Exhalation pressure brought to bear on 6 Exit correspondents* to precipitate that which*** will serve possible surrogate, specifically needed spectral energy roles during inhalation**;** unused "spectral energy" pressure of the breath cycle disperses to Exits**.
Day 2 ^ = * see below for each	Inferior lacrimal canaliculi "to" Cavernous sinuses 4**,**	As above but for L4 ^ (+ CN XII, i.e. Cranial nerve XII, Hypoglossal)	As above but for the Zygomatic bones ^^**;**	Inf. lac. can. & Cavernous sinuses 4 & 6 Exit correspondents* & L4^ (+ CN XII) & Zygomatic bones ^^**,**	L4 ^ (+ CN XII) **And intake into** Zygomatic bones ^^	Breath "to" Cavernous sinuses 4 to disperse to receiving structures of the brain	As above
Day 3 ^ = * see below	Middle nasal meatus & incisive canal "to" LLS 6**,**	As above but for RLS 6' ^	As above but for Rib 7s ^^**;**	Mid. nas. m. & LLS 6 & 6 Exit correspondents* & RLS 6' ^ & Rib 7s ^^**,**	RLS 6' ^ **And intake into** Rib 7s ^^	Breath "to" LLS 6 to disperse to lung part destinations	As above

Note: Maintain alignment of L5**/**pisiform, McSs2**/**incus, McSs1**/**hyoid, MtSs1**/**patella.

^ = up arrow **Direction** of **Stretch** for **Muscles** on **Front** of **Page** **~ =** line continuance in this section

rectum, longitudinal fibers - from anterior beginning to anterior end, then longitudinal rows around rectum
auricularis, anterior - from front section of temporal fascia near ear to helix's spine on helix's upper front
rhomboid minor - from C7/T1 spin. proc. down to scapula's medial border at its spine | part of occipital bone
rectus capitis anterior - from along more inner top surface of C1 trans.proc.angled acutely in toward basilar **^**
gastrocnemius, medial head - from femur's medial epicondyle area into calcaneal tendon at mid-calf

rectum, circular fibers - from posterior end to make around-circling rows along to posterior beginning
auricularis, superior - from behind top of ear to epicranial membrane (aponeurosis) above ear | processes
levator scapulae - from scapula medial border above its spine up to C4-3 post. tubercles & C2-1 transverse **^**
oblique capitis superior - from occipital bone between nuchal lines to end of C1 transverse process
plantaris - from calcaneus medial posterior top as tendon, then muscle to above gastrocnemius lateral head

rectum, muscularis mucosa - bunched origin of oblique fibers from last circular fiber's end area, each more **~**
auricularis, posterior - from temporal bone's mastoid process straight forward to behind the ear
rhomboid major - from T2-T5 spinous processes down to scapula's medial border below its spine | process
rectus capitis lateralis - from along outer end of C1 trans. proc. angled out slightly to occipital bone's jugular **^**
gastrocnemius, lateral head - from femur's lateral epicondyle area into calcaneal tendon at mid-calf

~ medially originating fiber straightening toward first longitudinal fiber's end area

^ & ^^ : ^ is Part 2's "Inroad Channel" (= Center of Gravity) & ^^ is the "Resulting Structure" (= Day's Bone +)

***Exit correspondents associated with Day 1, Day 2 & Day 3 structures are shown below**						**** Exits**
8:52a - 11:16a **|** Eye part 1 **|**	Spleen	Kidney	LLS 3, p.1	LLS 6, p.1	RLS 9, p.1	Urethra
11:16a - 4:04p **|** Eye part 2 **|**	Subclavian Artery	Gallbladder	part 2	part 2	part 2	Armpits
4:04p - 12:52a **|** Eye part 3 **|**	Pancreas	Duodenum	part 3	part 3	part 3	Nipples
12:52a - 7:16a **|** Eye part 4 **|**	Cerebellum 4	Liver	part 4	part 4	part 4	Anus
7:16a - 8:04a **|** Eye part 5 **|**	Cerebrum 14	Lat.Vent.,L.B.	part 5	part 5	part 5	Eye
8:04a - 8:52a **|** Eye part 6 **|**	Cranial nerve VIII	Nerve T10	part 6	part 6	part 6	Vagina

***** Being that which is needed to allow constant organism alteration for constant universe change.**

8:52 a.m. 7/2/1939 HUMAN as Bob or Pendulum from Crista Galli as Hook or Pivot for 1/23 - 1/25/2015

DAY 1 BOB HOOK COMPLEX is ETHMOID+LACRIMAL/Sphenoid BONE with breath through Nasolacrimal Duct (N.D.) & Superior Lacrimal Canaliculus to activate the Inferior Petrosal Sinus thereby arranging the MIDDLE TEMPORAL GYRUS to align OUTER HAIR CELLS OF THE COCHLEA to form Lens,
"muscles" are the lower, lateral quadrant 3-member set (43-45) of 3 equatorial zonular fibers per set.

DAY 2 BOB-A is TEMPORAL/Upper Hip BONE with 2nd component of breath through N.D. & Inferior Lacrimal Canaliculus to activate Cavernous Sinus 4 thereby arranging FACIAL NERVE (C.N. VII) to continue proper gyrus function, muscles are the dilator, sphincter and orbitalis of the eye.

DAY 3 BOB HOOK COMPLEX AID (BOB-A) is T8/Mt DP4 with 3rd component of breath through Middle Nasal Meatus & Incisive Canal to activate LLS 6 thereby arranging SPINAL NERVE 15 (T11 Spinal Nerve) to continue proper gyrus function, muscles are as shown.

In order for the above described Bob Hook Complex to approach optimal function, there can be no mis-alignment of its associated bone, muscle and organ structures. In the lower set of boxed columns below, preceded in the upper set by the enabling breath tracts, and aligned to the 6 spectral energy time intervals in 24 hours at left, are the 6 spectral energy associated structures as correlated with each numbered bone further below in the dated boxes. The 3 dated boxes then show the associated bone scaffold for T8 with the muscles for each bone of the scaffold changing through the 3 dates to provide on-going bone adjustment.

TIME INTERVALS corresponding to the 6 periods in 24 hours in which energy need evolved from possible available ranges of spectral energy from radio to gamma rays:	1 Breath thru nasolacrimal duct into inferior lacrimal canaliculus to activate cavernous sinus 4 & Eye Apparatus:	2 Breath through Eustacean tube to activate tympanic cells and the	3 Breath through Eustacean tube to activate saccule of the ear and the	4 Breath through inferior nasal meatus & incisive canal to activate LLS 3:	5 Breath through middle nasal meatus & incisive canal to activate LLS 6:	6 Breath through superior nasal meatus & incisive canal to activate RLS 9:	EXIT ROUTES for unincor-porated wave lengths of spectral energy:
8:52am-11:16am >	Part 1 <lymph>	Spleen	Kidney	Part 1	Part 1	Part 1	urethra
11:16am-4:04pm >	Part 2 <blood>	Subclavian Artery	Gallbladder	Part 2	Part 2	Part 2	armpits
4:04pm-12:52am >	Part 3<hormone>	Pancreas	Duodenum	Part 3	Part 3	Part 3	nipples
12:52am-7:16am >	Part 4 <DNA>	Cerebellum 4	Liver	Part 4	Part 4	Part 4	anus
7:16am-8:04am >	Part 5 <RNA>	Cerebrum 15	Lat.Vent., L.B.	Part 5	Part 5	Part 5	eye
8:04am-8:52am >	Part 6 <protein>	Cranial Nerve VII	Nerve T11	Part 6	Part 6	Part 6	vagina

1/23/2015 DAY 1 BOB HOOK COMPLEX above is altered in connection with Bob Center, Medial Sesamoid of Mt Ss 1 (by way of balanced, full Mt Ss 1), through aegis of Middle Temporal Gyrus.

Associated bones/muscles are (1) Temporal Bone - eye's dilator muscle
(2) Upper Hip - conjoined longitudinal (rectum/levator ani)

(3) Cx 3
levator labii superioris

(4) Mc DP4
triceps brachii, long head

(5) T8
rectus capitis posterior minor

(6) Mt DP4
flexor digitorum brevis

1/24/2015 Day 2 Bob-A below is altered in connection with Bob-Center, Parietal Bone's overseen Series of Soft Tissue Structure (by way of Frontal Sinus) in conjunction with Cranial Nerve XI (Accessory).

DAY 2 BOB-A > (1) TEMPORAL BONE - eye's sphincter muscle

Associated bones/muscles are (2) Upper Hip - internal anal sphincter

(3) Cx 3
superior rectus of eye

(4) Mc DP4
triceps brachii, medial head

(5) T8
longus capitis

(6) Mt DP4
flexor digiti minimi brevis

1/25/2015 Day 3 Bob Hook Complex Aid (Bob-A) below is altered in connection with Bob Center, LLS 6'.

(1) Temporal Bone - eye's orbitalis muscle
(2) Upper Hip - anal canal, muscularis mucosa

(3) Cx 3
depressor labii inferioris

(4) Mc DP4
triceps brachii, lateral head

(5) T8 > DAY 3 BOB-A
rectus capitis posterior major

(6) Mt DP4
flexor digitorum longus

PROCESS FOR ALTERING STRUCTURES
with the following occurances proposed as associated with progress toward optimal functioning

Read boxes from left to right	Inhalation along given tracts "to" given structures,	Likely causes (1) eye tracts to receive spectral energy (with surrogate aid from 6 Exit correspondents*) & intake into	And (2) pressure (for alteration) on	Exhalation with no collapse of breath tract & structures,	Causes (1) pressure (for alteration) on	And (2)	And (3)
Day 1 ^ = * see page bottom for each	Superior lacrimal canaliculi "to" Inferior petrosal sinuses,	Medial sesamoid of Mt Ss 1s ^	Lacrimal bones ^^ as well as Middle temporal gyri ^^;	Sup.lac.can. & Inf. petrosal sinuses & 6 Exit correspondents* & Medial Ss of Mt Ss 1s ^ & Lacrimal bones ^^ & Middle temporal gyri ^^,	Medial sesamoid of Mt Ss 1s ^ **And intake into** Lacrimal bones ^^ as well as Middle temporal gyri ^^	Breath "to" Inferior petrosal sinuses to disperse to receiving structures of the brain to serve during inhalation	Exhalation pressure brought to bear on 6 Exit correspondents* to precipitate that which*** will serve possible surrogate, specifically needed spectral energy roles during inhalation; unused "spectral energy" pressure of the breath cycle disperses to Exits**.
Day 2 ^ = * see below for each	Inferior lacrimal canaliculi "to" Cavernous sinuses 4, (+ CN XI - Accessory)	As above but for the Thymus, celiac trunk, suprarenal glands + 3 others ^	As above but for the Temporal bones ^^;	Inf. lac. can. & Cavernous sinuses 4 & 6 Exit correspondents* & Thymus, etc.^ & Temporal bones ^^,	Thymus, celiac trunk, suprarenal glands, etc.^ (+ CN XI) **& intake into** Temporal bones ^^	Breath "to" Cavernous sinuses 4 to disperse to receiving structures of the brain	As above
Day 3 ^ = * see below	Middle nasal meatus & incisive canal "to" LLS 6,	As above but for LLS 6' ^	As above but for T8 ^^;	Mid. nas. m. & LLS 6 & 6 Exit correspondents* & LLS 6' ^ & T8 ^^,	LLS 6' ^ **And intake into** T8 ^^	Breath "to" LLS 6 to disperse to lung part destinations	As above

Note: Maintain alignment of L5**/**pisiform, McSs2**/**incus, McSs1**/**hyoid, MtSs1**/**patella.

v/^ = down/up arrows **Direction** of **Stretch** for **Muscles** on **Front** of **Page** ~ **=** line continuance in this section

conjoined longitudinal (rectum/levator ani) - from top front of internal anus in longitudinal rows around in **v**
levator labii superioris - from under eye's medial section in to lip just below nose's outer limit | 24 hours
triceps brachii, long head - from scapula's upper lateral border at humerus into tendon to olecranon, elbow point
rectus capitis posterior minor - from posterior tubercle of C1 (atlas) to occipital b.'s medial inferior nuchal line
flexor digitorum brevis - from calcaneus (heel) into tendons to Mt MP2-5 | back of internal anus
internal anal sphincter - from area of end of last longitudinal fiber in circling bands with origins back to top **^**
superior rectus of eye - from eyeball's top in to tendinous ring at optic canal's exit from eye socket
triceps brachii, medial head - from olecranon to humerus's lower 1/2 posterior surface / upper medial border
longus capitis - from occipital's inferior basilar part slightly out to C3-C6 transverse processes
flexor digiti minimi brevis - from outer side of Mt PP5's plantar base to area of Mt 5's plantar base
anal canal, muscularis mucosa - rows of oblique fibers fanning from area of last circular fiber's end, at first **v**
depressor labii inferioris - from lateral bottom of chin up to blend medially beneath lip | laterally, then to 1st **~**
triceps brachii, lateral head - from upper posterior humerus into tendon to top of posterior ulna, its olecranon
rectus capitis posterior major - from spinous process of C2 (axis) to occipital b.'s lateral inferior nuchal line
flexor digitorum longus - from central medial posterior tibia to Mt DP2-5 plantar bases | **~**longitudinal fiber end

^ & ^^ **:** ^ is Part 2's "Inroad Channel" (= Center of Gravity) & ^^ is the "Resulting Structure" (= Day's Bone +)

***Exit correspondents associated with Day 1, Day 2 & Day 3 structures are shown below						** Exits
8:52a - 11:16a **|** Eye part 1 **|**	Spleen	Kidney	LLS 3, p.1	LLS 6, p.1	RLS 9, p.1	Urethra
11:16a - 4:04p **|** Eye part 2 **|**	Subclavian Artery	Gallbladder	part 2	part 2	part 2	Armpits
4:04p - 12:52a **|** Eye part 3 **|**	Pancreas	Duodenum	part 3	part 3	part 3	Nipples
12:52a - 7:16a **|** Eye part 4 **|**	Cerebellum 4	Liver	part 4	part 4	part 4	Anus
7:16a - 8:04a **|** Eye part 5 **|**	Cerebrum 15	Lat.Vent.,L.B.	part 5	part 5	part 5	Eye
8:04a - 8:52a **|** Eye part 6 **|**	Cranial nerve VII	Nerve T11	part 6	part 6	part 6	Vagina

***** That which is formed is that which is needed to serve in altering organism structures to allow the organism to continually change to accord itself to its constantly altering universe.**

8:52 a.m. 7/2/1939 HUMAN as Bob or Pendulum from Crista Galli as Hook or Pivot for 1/26 - 1/28/2015

DAY 1 BOB HOOK COMPLEX is Ethmoid/SPHENOID+MAXILLA BONE with breath through Nasolacrimal Duct (N.D.) & Superior Lacrimal Canaliculus to activate the Inferior Petrosal Sinus thereby arranging the INFERIOR TEMPORAL GYRUS to align OUTER HAIR CELLS OF THE COCHLEA to form Lens, "muscles" are the lower, lateral quadrant 3-member set (46-48) of 3 equatorial zonular fibers per set.

DAY 2 BOB-A is ZYGOMATIC/Pelvic Hip BONE with 2nd component of breath through N.D. & Inf. Lacrimal Canaliculus to activate Cavernous Sinus 4 thereby arranging VESTIBULOCOCHLEAR NERVE (C.N. VIII) to continue proper gyrus function, muscles are the dilator, sphincter and orbitalis of the eye.

DAY 3 BOB HOOK COMPLEX AID (BOB-A) is RIB 8/Cuboid with 3rd component of breath through Middle Nasal Meatus & Incisive Canal to activate LLS 6 thereby arranging SPINAL NERVE 16 (T12 Spinal Nerve) to continue proper gyrus function, muscles are as shown.

In order for the above described Bob Hook Complex to approach optimal function, there can be no mis-alignment of its associated bone, muscle and organ structures. In the lower set of boxed columns below, preceded in the upper set by the enabling breath tracts, and aligned to the 6 spectral energy time intervals in 24 hours at left, are the 6 spectral energy associated structures as correlated with each numbered bone further below in the dated boxes. The 3 dated boxes then show the associated bone scaffold for Rib 8 with the muscles for each bone of the scaffold changing through the 3 dates to provide on-going bone adjustment.

TIME INTERVALS	1	2	3	4	5	6	EXIT
corresponding to the 6 periods in 24 hours in which energy need evolved from possible available ranges of spectral energy from radio to gamma rays:	Breath thru nasolacrimal duct into inferior lacrimal canaliculus to activate cavernous sinus 4 & Eye Apparatus:	Breath through Eustacean tube to activate tympanic cells and the	Breath through Eustacean tube to activate saccule of the ear and the	Breath through inferior nasal meatus & incisive canal to activate LLS 3:	Breath through middle nasal meatus & incisive canal to activate LLS 6:	Breath through superior nasal meatus & incisive canal to activate RLS 9:	ROUTES for unincor-porated wave lengths of spectral energy:
8:52am-11:16am >	Part 1 <lymph>	Spleen	Kidney	Part 1	Part 1	Part 1	urethra
11:16am-4:04pm >	Part 2 <blood>	Subclavian Artery	Gallbladder	Part 2	Part 2	Part 2	armpits
4:04pm-12:52am >	Part 3<hormone>	Pancreas	Duodenum	Part 3	Part 3	Part 3	nipples
12:52am-7:16am >	Part 4 <DNA>	Cerebellum 4	Liver	Part 4	Part 4	Part 4	anus
7:16am-8:04am >	Part 5 <RNA>	Cerebrum 16	Lat.Vent., L.B.	Part 5	Part 5	Part 5	eye
8:04am-8:52am >	Part 6 <protein>	Cranial Nerve VIII	Nerve T12	Part 6	Part 6	Part 6	vagina

1/26/2015 DAY 1 BOB HOOK COMPLEX above is altered in connection with Bob Center, L5 (by way of balanced, full Mt Ss 1), through aegis of Inferior Temporal Gyrus.

Associated bones/muscles are (1) Zygomatic Bone - eye's dilator muscle
(2) Pelvic Hip - corrugator cutis ani /conjoined longitudinal

(3) Cx 4
lateral pterygoid, inferior head

(4) Hamate
coracobrachialis

(5) Rib 8
semispinalis capitis, medial

(6) Cuboid
biceps femoris, short head

1/27/2015 Day 2 Bob Hook Complex Aid below is altered in connection with Bob-Center, L4 (by way of Frontal Sinus), in conjunction with Cranial Nerve XII (Hypoglossal).

DAY 2 BOB-A > (1) ZYGOMATIC BONE - eye's sphincter muscle
Associated bones/muscles are (2) Pelvic Hip - external anal sphincter

(3) Cx 4
medial pterygoid

(4) Hamate
abductor pollicis longus

(5) Rib 8
splenius capitis

(6) Cuboid
quadratus femoris

1/28/2015 Day 3 Bob Hook Complex Aid (Bob-A) below is altered in connection with Bob Center, RLS 5'.

(1) Zygomatic Bone - eye's orbitalis muscle
(2) Pelvic Hip - levator ani

(3) Cx 4
lateral pterygoid, superior head

(4) Hamate
brachialis

(5) RIB 8 > DAY 3 BOB-A
semispinalis capitis, lateral

(6) Cuboid
biceps femoris, long head

PROCESS FOR ALTERING STRUCTURES

with the following occurances proposed as associated with progress toward optimal functioning

Read boxes from left to right	**Inhalation along given tracts "to" given structures,**	**Likely causes (1) eye tracts to receive spectral energy (with surrogate aid from 6 Exit correspondents*) & intake into**	**And (2) pressure (for alteration) on**	**Exhalation with no collapse of breath tract & structures,**	**Causes (1) pressure (for alteration) on**	**And (2)**	**And (3)**
Day 1 ^ = * see page bottom for each	Superior lacrimal canaliculi "to" Inferior petrosal sinuses**,**	L5 ^	Maxilla bone ^^ as well as Inferior temporal gyri ^^**;**	Sup.lac.can. & Inf. petrosal sinuses & 6 Exit correspondents* & L5 ^ & Maxilla bone ^^ & Inferior temporal gyri ^^**,**	L5 ^ **And intake into** Maxilla bone ^^ as well as Inferior temporal gyri ^^	Breath "to" Inferior petrosal sinuses to disperse to receiving structures of the brain to serve during inhalation	Exhalation pressure brought to bear on 6 Exit correspondents* to precipitate that which*** will serve possible surrogate, specifically needed spectral energy roles during inhalation**;** unused "spectral energy" pressure of the breath cycle disperses to Exits**.
Day 2 ^ = * see below for each	Inferior lacrimal canaliculi "to" Cavernous sinuses 4**,**	As above but for L4 ^ (+ CN XII, i.e. Cranial nerve XII, Hypoglossal)	As above but for the Zygomatic bones ^^**;**	Inf. lac. can. & Cavernous sinuses 4 & 6 Exit correspondents* & L4^ (+ CN XII) & Zygomatic bones ^^**,**	L4 ^ (+ CN XII) **And intake into** Zygomatic bones ^^	Breath "to" Cavernous sinuses 4 to disperse to receiving structures of the brain	As above
Day 3 ^ = * see below	Middle nasal meatus & incisive canal "to" LLS 6**,**	As above but for RLS 5' ^	As above but for Rib 8s ^^**;**	Mid. nas. m. & LLS 6 & 6 Exit correspondents* & RLS 5' ^ & Rib 8s ^^**,**	RLS 5' ^ **And intake into** Rib 8s ^^	Breath "to" LLS 6 to disperse to lung part destinations	As above

Note: Maintain alignment of L5**/**pisiform, McSs2**/**incus, McSs1**/**hyoid, MtSs1**/**patella.

Direction of **Stretch** for **Muscles** on **Front** of **Page**

around internal anal sphincter musculature
corrugator cutis ani /conjoined longitudinal - from front intersphincteric groove in outward, upward rows **^**
lateral pterygoid, inferior head - from upper lateral sphenoid's lateral pterygoid plate to condyle's neck's area
coracobrachialis - from scapula's corocoid process to humerus's medial surface at its middle
semispinalis capitis, medial - from T6-T1, C7 transverse proc. to medial occipital bone between nuchal lines
biceps femoris, short head - from posterior lower 1/2 femur, lateral to center, to lateral side of head of fibula

external anal sphincter - from last corrugator cutis ani fiber end in downward bands around internal anus
medial pterygoid - from mandible's angle/ramus to inside sphenoid's lateral pterygoid plate by its sinus
abductor pollicis longus - from top back Mc 1 to posterior mid-radius across membrane & up lower mid-ulna
splenius capitis -from mastoid proc.& far lateral occipital b. to ligumentum above C7& C7/T1-T4 spinous proc.
quadratus femoris - from greater trochanter mid-back edge to ishial tuberosity lateral juncture at ischium body

levator ani - rows from area of first corrugator cutis ani fiber origin, rows curving to levator's tendinous arch
lateral pterygoid, superior head - from lower lateral sphenoid bone's greater wing to area of neck of condyle
brachialis - from lower 1/2 of anterior humerus to ulna's anterior top, i.e. coronoid process & tuberosity
semispinalis capitis, lateral - from T6-T1 & C7 transverse proc. to lateral occipital bone between nuchal lines
biceps femoris, long head - from middle portion of posterior ishial tuberosity to lateral side of head of fibula

^ & ^^ **:** ^ is Part 2's "Inroad Channel" (= Center of Gravity) & ^^ is the "Resulting Structure" (= Day's Bone +)

***Exit correspondents associated with Day 1, Day 2 & Day 3 structures are shown below**						**** Exits**
8:52a - 11:16a **|** Eye part 1 **|**	Spleen	Kidney	LLS 3, p.1	LLS 6, p.1	RLS 9, p.1	Urethra
11:16a - 4:04p **|** Eye part 2 **|**	Subclavian Artery	Gallbladder	part 2	part 2	part 2	Armpits
4:04p - 12:52a **|** Eye part 3 **|**	Pancreas	Duodenum	part 3	part 3	part 3	Nipples
12:52a - 7:16a **|** Eye part 4 **|**	Cerebellum 4	Liver	part 4	part 4	part 4	Anus
7:16a - 8:04a **|** Eye part 5 **|**	Cerebrum 16	Lat.Vent., L.B.	part 5	part 5	part 5	Eye
8:04a - 8:52a **|** Eye part 6 **|**	Cranial nerve VIII	Nerve T12	part 6	part 6	part 6	Vagina

***** That which is formed is that which is needed to serve in altering organism structures to allow the organism to continually change to accord itself to its constantly altering universe.**

8:52 a.m. 7/2/1939 HUMAN as Bob or Pendulum from Crista Galli as Hook or Pivot for 1/29 - 1/31/2015

DAY 1 BOB HOOK COMPLEX is ETHMOID+LAT. MT SS/Sphenoid BONE with breath through Nasolacrimal Duct (N.D.) & Superior Lacrimal Canaliculus to activate the Superior Sagittal Sinus thereby arranging the ANGULAR GYRUS to align PRIMARY OLFACTORY SYSTEM to form Lens,
"muscles" are the lower, lateral quadrant 3-member set (49-51) of 3 equatorial zonular fibers per set.

DAY 2 BOB-A is TEMPORAL/Stapes BONE with 2nd component of breath through N.D. & Inferior Lacrimal Canaliculus to activate Cavernous Sinus 5 thereby arranging GLOSSOPHARYNGEAL NERVE (C.N. IX) to continue proper gyrus function, muscles are the dilator, sphincter and orbitalis of the eye.

DAY 3 BOB HOOK COMPLEX AID (BOB-A) is T9/Mt 3 with 3rd component of breath through Middle Nasal Meatus & Incisive Canal to activate RLS 6 thereby arranging SPINAL NERVE 17 (L1 Spinal Nerve) to continue proper gyrus function, muscles are as shown.

In order for the above described Bob Hook Complex to approach optimal function, there can be no mis-alignment of its associated bone, muscle and organ structures. In the lower set of boxed columns below, preceded in the upper set by the enabling breath tracts, and aligned to the 6 spectral energy time intervals in 24 hours at left, are the 6 spectral energy associated structures as correlated with each numbered bone further below in the dated boxes. The 3 dated boxes then show the associated bone scaffold for T9 with the muscles for each bone of the scaffold changing through the 3 dates to provide on-going bone adjustment.

TIME INTERVALS corresponding to the 6 periods in 24 hours in which energy need evolved from possible available ranges of spectral energy from radio to gamma rays:	1 Breath thru nasolacrimal duct into inferior lacrimal canaliculus to activate cavernous sinus 5 & Eye Apparatus:	2 Breath through superior nasal meatus to activate sphenoid sinus and the	3 Breath through Eustacean tube to activate cochlea's outer hair cells and the	4 Breath through inferior nasal meatus & incisive canal to activate RLS 3:	5 Breath through middle nasal meatus & incisive canal to activate RLS 6:	6 Breath through superior nasal meatus & incisive canal to activate LLS 10:	EXIT ROUTES for unincor-porated wave lengths of spectral energy:
8:52am-11:16am >	Part 1 <lymph>	Thymus	Kidney	Part 1	Part 1	Part 1	urethra
11:16am-4:04pm >	Part 2 <blood>	Celiac Trunk	Gallbladder	Part 2	Part 2	Part 2	armpits
4:04pm-12:52am >	Pt. 3<hormone>	Suprarenal Gland	Duodenum	Part 3	Part 3	Part 3	nipples
12:52am-7:16am >	Part 4 <DNA>	Cerebellum 5	Liver	Part 4	Part 4	Part 4	anus
7:16am-8:04am >	Part 5 <RNA>	Cerebrum 17	3rd Ventricle	Part 5	Part 5	Part 5	eye
8:04am-8:52am >	Part 6 <protein>	Cranial Nerve IX	Nerve L1	Part 6	Part 6	Part 6	vagina

1/29/2015 DAY 1 BOB HOOK COMPLEX above is altered in connection with Bob Center, Upper Canine (by way of balanced, full Mt Ss 1), through aegis of the Angular Gyrus.

Associated bones/muscles are (1) Temporal Bone - eye's dilator muscle
(2) Stapes - internal oblique abdominus & cremaster

(3) L1
zygomaticus minor

(4) Mc 3
adductor pollicis, oblique head

(5) T9
palatopharyngeus

(6) Mt 3
vastus medialis

1/30/2015 Day 2 Bob-A below is altered in connection with Bob Center, Parietal Bone's overseen Series of Soft Tissue Structure (by way of Frontal Sinus) in conjunction with Cranial Nerve XI (Accessory).

DAY 2 BOB-A > (1) TEMPORAL BONE - eye's sphincter muscle
Associated bones/muscles are (2) Stapes - rectus abdominus, 1st part

(3) L1
helicis minor

(4) Mc 3
abductor pollicis brevis

(5) T9
inferior pharyngeal constrictor

(6) Mt 3
vastus intermedius

1/31/2015 Day 3 Bob Hook Complex Aid (Bob-A) below is altered in connection with Bob Center,

(1) Temporal Bone - eye's orbitalis muscle **LLS 5'.**
(2) Stapes - external oblique abdominus

(3) L1
zygomaticus major

(4) Mc 3
adductor pollicis, transverse head

(5) T9 > DAY 3 BOB-A
stylopharyngeus

(6) Mt 3
vastus lateralis

PROCESS FOR ALTERING STRUCTURES
with the following occurances proposed as associated with progress toward optimal functioning

Read boxes from left to right	**Inhalation along given tracts "to" given structures,**	**Likely causes (1) eye tracts to receive spectral energy (with surrogate aid from 6 Exit correspondents*) & intake into**	**And (2) pressure (for alteration) on**	**Exhalation with no collapse of breath tract & structures,**	**Causes (1) pressure (for alteration) on**	**And (2)**	**And (3)**
Day 1 ^ = * see page bottom for each	Superior lacrimal canaliculi "to" Superior sagittal sinuses,	Upper canines ^	Lateral sesamoid of Mt Ss 1s^^ as well as Angular gyri ^^; Lateral sesamoid of Mt Ss 1s^^ & Angular gyri^^,	Sup. lac. can. & Superior sagittal sinuses & 6 Exit correspondents* & Upper canines ^ &	Upper canines ^ **And intake into** Lateral sesamoid of Mt Ss 1s ^^ as well as Angular gyri ^^	Breath "to" Superior sagittal sinuses to disperse to receiving structures of the brain to serve during inhalation	Exhalation pressure brought to bear on 6 Exit correspondents* to precipitate that which*** will serve possible surrogate, specifically needed spectral energy roles during inhalation; unused "spectral energy" pressure of the breath cycle disperses to Exits**.
Day 2 ^ = * see below for each	Inferior lacrimal canaliculi "to" Cavernous sinuses 5, (+ CN XI - Accessory)	As above but for the Thymus, celiac trunk, suprarenal glands + 3 others ^	As above but for the Temporal bones ^^;	Inf. lac. can. & Cavernous sinuses 5 & 6 Exit correspondents* & Thymus, etc.^ & Temporal bones ^^,	Thymus, celiac trunk, suprarenal glands, etc.^ (+ CN XI) **& intake into** Temporal bones ^^	Breath "to" Cavernous sinuses 5 to disperse to receiving structures of the brain	As above
Day 3 ^ = * see below	Middle nasal meatus & incisive canal "to" RLS 6,	As above but for LLS 5' ^	As above but for T9 ^^;	Mid. nas. m. & RLS 6 & 6 Exit correspondents* & LLS 5' ^ & T9 ^^,	LLS 5' ^ **And intake into** T9 ^^	Breath "to" RLS 6 to disperse to lung part destinations	As above

Note: Maintain alignment of L5**/**pisiform, McSs2**/**incus, McSs1**/**hyoid, MtSs1**/**patella.

v = down arrows **Direction** of **Stretch** for **Muscles** on **Front** of **Page**

internal oblique abdominus & cremaster - from above posterior iliac crest, crest & lateral inguinal ligament **v**
zygomaticus minor - closer in paralleling zygomaticus major up to posterior lower ribs & around to linea alba
adductor pollicis, oblique head - from capitate & from Mc 3 & Mc 2 bases to medial base of Mc PP1
palatopharyngeus - from the soft palate to lateral pharyngeal wall and posterior border of thyroid cartilage
vastus medialis - from band all along & in from femur's posterior medial edge into quadriceps femoris tendon

rectus abdominus, 1st part - upward from 2nd part to area of xiphoid & 5th costal cartilage, fiber progress **v**
helicis minor - from along outer crus of helix inward to inner extent of crus inward in 24 hours
abductor pollicis brevis - from dorsally around Mc PP1's lateral base to hand's below-thumb anterior side pad
inferior pharyngeal constrictor - from pharyngeal raphe down to oblique line of thyroid cartilage
vastus intermedius - from quadriceps femoris tendon as swath up femur to anterior & posterior lateral sides

external oblique abdominus - from front body of ribs 12-5 down toward linea alba/iliac crest, fiber progress **v**
zygomaticus major - from zygomatic bone near ear to mouth's upper angle upward in 24 hours
adductor pollicis, transverse head - from palmar Mc 3 to medial base of Mc PP1, top muscle joining thumb **v**
stylopharyngeus - from styloid process to lateral pharynx between top 2 pharyngeal constrictors to hand
vastus lateralis - from band all along femur's posterior inner lateral side around to quadriceps femoris tendon

^ & ^^ **:** ^ is Part 2's "Inroad Channel" (= Center of Gravity) & ^^ is the "Resulting Structure" (= Day's Bone +)

***Exit correspondents associated with Day 1, Day 2 & Day 3 structures are shown below**						**** Exits**
8:52a - 11:16a **|** Eye part 1 **|**	Thymus	Kidney	RLS 3, p.1	RLS 6, p.1	LLS 10,p.1	Urethra
11:16a - 4:04p **|** Eye part 2 **|**	Celiac Trunk	Gallbladder	part 2	part 2	part 2	Armpits
4:04p - 12:52a **|** Eye part 3 **|**	Suprarenal Gland	Duodenum	part 3	part 3	part 3	Nipples
12:52a - 7:16a **|** Eye part 4 **|**	Cerebellum 5	Liver	part 4	part 4	part 4	Anus
7:16a - 8:04a **|** Eye part 5 **|**	Cerebrum 17	3rd Ventricle	part 5	part 5	part 5	Eye
8:04a - 8:52a **|** Eye part 6 **|**	Cranial nerve IX	Nerve L1	part 6	part 6	part 6	Vagina

***** That which is formed is that which is needed to serve in altering organism structures to allow the organism to continually change to accord itself to its constantly altering universe.**

8:52 a.m. 7/2/1939 HUMAN as Bob or Pendulum from Crista Galli as Hook or Pivot for 2/1 - 2/3/2015

DAY 1 BOB HOOK COMPLEX is Ethmoid/SPHENOID+MED. MT SS BONE with breath through Nasolacrimal Duct (N.D.) & Superior Lacrimal Canaliculus to activate the Superior Sagittal Sinus thereby arranging LATERAL OCCIPITOTEMPORAL GYRUS to align PRIMARY OLFACTORY SYSTEM to form Lens, "muscles" are the lower, lateral quadrant 3-member set (52-54) of 3 equatorial zonular fibers per set.

DAY 2 BOB HOOK COMPLEX AID is ZYGOMATIC/Hyoid BONE with 2nd component of breath through N.D. & Inferior Lacrimal Canaliculus to activate Cavernous Sinus 5 thereby arranging VAGUS NERVE (C.N. X) to continue proper gyrus function, muscles are the dilator, sphincter and orbitalis of the eye.

DAY 3 BOB HOOK COMPLEX AID (BOB-A) is RIB 9/Cuneiform Medial with 3rd component of breath through Middle Nasal Meatus & Incisive Canal to activate RLS 6 thereby arranging SPINAL NERVE 18 (L2 Spinal Nerve) to continue proper gyrus function, muscles are as shown.

In order for the above described Bob Hook Complex to approach optimal function, there can be no mis-alignment of its associated bone, muscle and organ structures. In the lower set of boxed columns below, preceded in the upper set by the enabling breath tracts, and aligned to the 6 spectral energy time intervals in 24 hours at left, are the 6 spectral energy associated structures as correlated with each numbered bone further below in the dated boxes. The 3 dated boxes then show the associated bone scaffold for Rib 9 with the muscles for each bone of the scaffold changing through the 3 dates to provide on-going bone adjustment.

TIME INTERVALS corresponding to the 6 periods in 24 hours in which energy need evolved from possible available ranges of spectral energy from radio to gamma rays:	1 Breath thru nasolacrimal duct into inferior lacrimal canaliculus to activate cavernous sinus 5 & Eye Apparatus:	2 Breath through superior nasal meatus to activate sphenoid sinus and the	3 Breath through Eustacean tube to activate cochlea's outer hair cells and the	4 Breath through inferior nasal meatus & incisive canal to activate RLS 3:	5 Breath through middle nasal meatus & incisive canal to activate RLS 6:	6 Breath through superior nasal meatus & incisive canal to activate LLS 10:	EXIT ROUTES for unincor-porated wave lengths of spectral energy:
8:52am-11:16am >	Part 1 <lymph>	Thymus	Kidney	Part 1	Part 1	Part 1	urethra
11:16am-4:04pm >	Part 2 <blood>	Celiac Trunk	Gallbladder	Part 2	Part 2	Part 2	armpits
4:04pm-12:52am >	Pt. 3<hormone>	Suprarenal Gland	Duodenum	Part 3	Part 3	Part 3	nipples
12:52am-7:16am >	Part 4 <DNA>	Cerebellum 5	Liver	Part 4	Part 4	Part 4	anus
7:16am-8:04am >	Part 5 <RNA>	Cerebrum 18	3rd Ventricle	Part 5	Part 5	Part 5	eye
8:04am-8:52am >	Part 6 <protein>	Cranial Nerve X	Nerve L2	Part 6	Part 6	Part 6	vagina

2/1/2015 DAY 1 BOB HOOK COMPLEX above is altered in connection with Bob Center, Lower Canine (by way of balanced, full Mt Ss 1), through aegis of the Lateral Occipitotemporal Gyrus.

Associated bones/muscles are (1) Zygomatic Bone - eye's dilator muscle
(2) Hyoid - transversus thoracis

(3) L2
deep masseter

(4) Trapezium
opponens pollicis

(5) Rib 9
cricothyroid, oblique part

(6) Cuneiform Medial
semitendinosus

2/2/2015 Day 2 Bob Hook Complex Aid below is altered in connection with Bob Center, L4 (by way of Frontal Sinus), in conjunction with Cranial Nerve XII (Hypoglossal).

DAY 2 BOB-A > (1) ZYGOMATIC BONE - eye's sphincter muscle

Associated bones/muscles are (2) Hyoid - rectus abdominus, 2nd part

(3) L2
temporalis

(4) Trapezium
palmaris brevis

(5) Rib 9
cricopharyngeus

(6) Cuneiform Medial
articularis genu

2/3/2015 Day 3 Bob Hook Complex Aid (Bob-A) below is altered in connection with Bob Center, RLS 4'.

(1) Zygomatic Bone - eye's orbitalis muscle
(2) Hyoid - transversus abdominus

(3) L2
superficial masseter

(4) Trapezium
opponens digiti minimi

(5) RIB 9 > DAY 3 BOB-A
cricothyroid, straight part

(6) Cuneiform Medial
semimembranosus

PROCESS FOR ALTERING STRUCTURES
with the following occurances proposed as associated with progress toward optimal functioning

Read boxes from left to right	**Inhalation along given tracts "to" given structures,**	**Likely causes (1) eye tracts to receive spectral energy (with surrogate aid from 6 Exit correspondents*) & intake into**	**And (2) pressure (for alteration) on**	**Exhalation with no collapse of breath tract & structures,**	**Causes (1) pressure (for alteration) on**	**And (2)**	**And (3)**
Day 1 ^ = * see page bottom for each	Superior lacrimal canaliculi "to" Superior sagittal sinuses,	Lower canines ^	Medial sesamoid of Mt Ss 1s^^ as well as Lateral occipitotemporal gyri^^;	Sup. lac. can. & Sup. sag. sinuses & 6 Exit correspondents* & Lower canines^ & Medial sesamoid of MtSs1s^^ & Lat. occipitotemporal gyri^^,	Lower canines ^ **And intake into** Medial sesamoid of MtSs1s^^ as well as Lat. occipitotemporal gyri ^^	Breath "to" Superior sagittal sinuses to disperse to receiving structures of the brain to serve during inhalation	Exhalation pressure brought to bear on 6 Exit correspondents* to precipitate that which*** will serve possible surrogate, specifically needed spectral energy roles during inhalation; unused "spectral energy" pressure of the breath cycle disperses to Exits**.
Day 2 ^ = * see below for each	Inferior lacrimal canaliculi "to" Cavernous sinuses 5,	As above but for L4 ^ (+ CN XII, i.e. Cranial nerve XII, Hypoglossal)	As above but for the Zygomatic bones ^^;	Inf. lac. can. & Cavernous sinuses 5 & 6 Exit correspondents* & L4^ (+ CN XII) & Zygomatic bones ^^,	L4 ^ (+ CN XII) **And intake into** Zygomatic bones ^^	Breath "to" Cavernous sinuses 5 to disperse to receiving structures of the brain	As above
Day 3 ^ = * see below	Middle nasal meatus & incisive canal "to" RLS 6,	As above but for RLS 4' ^	As above but for Rib 9s ^^;	Mid. nas. m. & RLS 6 & 6 Exit correspondents* & RLS 4' ^ & Rib 9s ^^,	RLS 4' ^ **And intake into** Rib 9s ^^	Breath "to" RLS 6 to disperse to lung part destinations	As above

Note: Maintain alignment of L5**/**pisiform, McSs2**/**incus, McSs1**/**hyoid, MtSs1**/**patella.

v = down arrow **Direction** of **Stretch** for **Muscles** on **Front** of **Page**

transversus thoracis - from 2nd-6th costal cartilages down to area of xiphoid/sternum, fiber progress down **v**
deep masseter - from zygomatic arch to down along anterior ramus of mandible | in 24 hrs.
opponens pollicis - from flexor retinaculum/scaphoid/trapezium out & under to length of Mc 1 outer border
cricothyroid, oblique part - lateral from straight part (see below) to inner thyroid cartilage behind oblique line
semitendinosus - from mid-portion of posterior ishial tuberosity to medial upper tibia below gracilis insertion

rectus abdominus, 2nd part - up from 3rd part to bottom of 1st part, between lower rib drop, fiber progress **v**
temporalis - from all along side of head down to coronoid process | inward
palmaris brevis - from hand's outer edge beyond pisiform to flexor retinaculum & palmar aponeurosis
cricopharyngeus - from area below pharyngeal raphe & above esophageal muscle to cricoid cartilage's side
articularis genu - from synovial bursa above patella to above lowest part of anterior femur for short distance

transversus abdominus - from area out from lower spine straight around toward linea alba, fiber progress up **v**
superficial masseter - from maxilla under zygomatic bone to coronoid process & anterior ramus | in 24 hrs.
opponens digiti minimi - from upper flexor retinaculum & hook of hamate up & under to lateral Mc 5
cricothyroid, straight part - from front of cricoid cartilage up to inside bottom border of thyroid cartilage
semimembranosus - from ishial tuberosity lateral to semitendinosus to band at tibia's posterior medial top

^ & ^^ **:** ^ is Part 2's "Inroad Channel" (= Center of Gravity) & ^^ is the "Resulting Structure" (= Day's Bone +)

***Exit correspondents associated with Day 1, Day 2 & Day 3 structures are shown below**						**** Exits**
8:52a - 11:16a **|** Eye part 1 **|**	Thymus	Kidney	RLS 3, p.1	RLS 6, p.1	LLS 10,p.1	Urethra
11:16a - 4:04p **|** Eye part 2 **|**	Celiac Trunk	Gallbladder	part 2	part 2	part 2	Armpits
4:04p - 12:52a **|** Eye part 3 **|**	Suprarenal Gland	Duodenum	part 3	part 3	part 3	Nipples
12:52a - 7:16a **|** Eye part 4 **|**	Cerebellum 5	Liver	part 4	part 4	part 4	Anus
7:16a - 8:04a **|** Eye part 5 **|**	Cerebrum 18	3rd Ventricle	part 5	part 5	part 5	Eye
8:04a - 8:52a **|** Eye part 6 **|**	Cranial nerve X	Nerve L2	part 6	part 6	part 6	Vagina

***** That which is formed is that which is needed to serve in altering organism structures to allow the organism to continually change to accord itself to its constantly altering universe.**

8:52 a.m. 7/2/1939 HUMAN as Bob or Pendulum from Crista Galli as Hook or Pivot for 2/4 - 2/6/2015

DAY 1 BOB HOOK COMPLEX is ETHMOID+LAT. MT SS/Sphenoid BONE with breath through Nasolacrimal Duct (N.D.) & Superior Lacrimal Canaliculus to activate the Superior Sagittal Sinus thereby arranging MEDIAL OCCIPITEMPORAL GYRUS to align UPPER LAYER, SECONDARY OLFACTORY SYSTEM to form Lens, "muscles" are the inferior-most 3-member set (55-57) of 3 equatorial zonular fibers per set.

DAY 2 BOB-A is TEMPORAL/Femur BONE with 2nd component of breath through N.D. & Inferior Lacrimal Canaliculus to activate Cavernous Sinus 5 thereby arranging GLOSSOPHARYNGEAL NERVE (C.N. IX) to continue proper gyrus function, muscles are the dilator, sphincter and orbitalis of the eye.

DAY 3 BOB HOOK COMPLEX AID (BOB-A) is T10/Mt PP3 with 3rd component of breath through Middle Nasal Meatus & Incisive Canal to activate RLS 6 thereby arranging SPINAL NERVE 19 (L3 Spinal Nerve) to continue proper gyrus function, muscles are as shown.

In order for the above described Bob Hook Complex to approach optimal function, there can be no mis-alignment of its associated bone, muscle and organ structures. In the lower set of boxed columns below, preceded in the upper set by the enabling breath tracts, and aligned to the 6 spectral energy time intervals in 24 hours at left, are the 6 spectral energy associated structures as correlated with each numbered bone further below in the dated boxes. The 3 dated boxes then show the associated bone scaffold for T10 with the muscles for each bone of the scaffold changing through the 3 dates to provide on-going bone adjustment.

TIME INTERVALS corresponding to the 6 periods in 24 hours in which energy need evolved from possible available ranges of spectral energy from radio to gamma rays:	1 Breath thru nasolacrimal duct into inferior lacrimal canaliculus to activate cavernous sinus 5 & Eye Apparatus:	2 Breath through superior nasal meatus to activate sphenoid sinus and the	3 Breath through Eustacean tube to activate cochlea's outer hair cells and the	4 Breath through inferior nasal meatus & incisive canal to activate RLS 3:	5 Breath through middle nasal meatus & incisive canal to activate RLS 6:	6 Breath through superior nasal meatus & incisive canal to activate LLS 10:	EXIT ROUTES for unincor-porated wave lengths of spectral energy:
8:52am-11:16am >	Part 1 <lymph>	Thymus	Kidney	Part 1	Part 1	Part 1	urethra
11:16am-4:04pm >	Part 2 <blood>	Celiac Trunk	Gallbladder	Part 2	Part 2	Part 2	armpits
4:04pm-12:52am >	Pt. 3<hormone>	Suprarenal Gland	Duodenum	Part 3	Part 3	Part 3	nipples
12:52am-7:16am >	Part 4 <DNA>	Cerebellum 5	Liver	Part 4	Part 4	Part 4	anus
7:16am-8:04am >	Part 5 <RNA>	Cerebrum 19	3rd Ventricle	Part 5	Part 5	Part 5	eye
8:04am-8:52am >	Part 6 <protein>	Cranial Nerve IX	Nerve L3	Part 6	Part 6	Part 6	vagina

2/4/2015 DAY 1 BOB HOOK COMPLEX above is altered in connection with Bob Center, Upper Lateral Incisor (by way of balanced, full Mt Ss 1), through aegis of the Medial Occipitotemporal Gyrus.

Associated bones/muscles are (1) Temporal Bone - eye's dilator muscle
(2) Femur - serratus anterior, upper part

(3) L3
tragicus

(4) Mc PP3
flexor pollicis brevis

(5) T10
orbicularis oris, deep fibers

(6) Mt PP3
iliacus

2/5/2015 Day 2 Bob-A below is altered in connection with Bob Center, Parietal Bone's overseen Series of Soft Tissue Structure (by way of Frontal Sinus) in conjunction with Cranial Nerve XI (Accessory).

DAY 2 BOB-A > (1) TEMPORAL BONE - eye's sphincter muscle
Associated bones/muscles are (2) Femur - rectus abdominus, 3rd part

(3) L3
helicis major

(4) Mc PP3
abductor digiti minimi

(5) T10
superior pharyngeal constrictor

(6) Mt PP3
psoas

2/6/2015 Day 3 Bob Hook Complex Aid (Bob-A) below is altered in connection with Bob Center, LLS 4'.

(1) Temporal Bone - eye's orbitalis muscle
(2) Femur - serratus anterior, lower part

(3) L3
antitragicus

(4) Mc PP3
flexor digiti minimi brevis

(5) T10 > DAY 3 BOB-A
buccinator

(6) Mt PP3
quadratus lumborum

PROCESS FOR ALTERING STRUCTURES
with the following occurances proposed as associated with progress toward optimal functioning

Read boxes from left to right	**Inhalation along given tracts "to" given structures,**	**Likely causes (1) eye tracts to receive spectral energy (with surrogate aid from 6 Exit correspondents*) & intake into**	**And (2) pressure (for alteration) on**	**Exhalation with no collapse of breath tract & structures,**	**Causes (1) pressure (for alteration) on**	**And (2)**	**And (3)**
Day 1 ^ = * see page bottom for each	Superior lacrimal canaliculi "to" Superior sagittal sinuses**,**	Upper lateral incisors ^	Lateral sesamoid of Mt Ss 1s^^ as well as Medial occipitotemporal gyri^^**;**	Sup. lac. can. & Sup. sag. si. & 6 Exit correspondents* & Upper lateral incisors ^ & Lateral sesamoid of MtSs1s^^ & Med. occipitotemporal gyri^^**,**	**And intake into** Lateral sesamoid of MtSs1s^^ as well as Med. occipitotemporal gyri ^^	Breath "to" Superior sagittal sinuses to disperse to receiving structures of the brain to serve during inhalation	Exhalation pressure brought to bear on 6 Exit correspondents* to precipitate that which*** will serve possible surrogate, specifically needed spectral energy roles during inhalation**;** unused "spectral energy" pressure of the breath cycle disperses to Exits**.
Day 2 ^ = * see below for each	Inferior lacrimal canaliculi "to" Cavernous sinuses 5**,** (+ CN XI - Accessory)	As above but for the Thymus, celiac trunk, suprarenal glands + 3 others ^	As above but for the Temporal bones ^^**;**	Inf. lac. can. & Cavernous sinuses 5 & 6 Exit correspondents* & Thymus, etc.^ & Temporal bones ^^**,**	Thymus, celiac trunk, suprarenal glands, etc.^ (+ CN XI) **& intake into** Temporal bones ^^	Breath "to" Cavernous sinuses 5 to disperse to receiving structures of the brain	As above
Day 3 ^ = * see below	Middle nasal meatus & incisive canal "to" RLS 6**,**	As above but for LLS 4' ^	As above but for T10 ^^**;**	Mid. nas. m. & RLS 6 & 6 Exit correspondents* & LLS 4' ^ & T10 ^^**,**	LLS 4' ^ **And intake into** T10 ^^	Breath "to" RLS 6 to disperse to lung part destinations	As above

Note: Maintain alignment of L5**/**pisiform, McSs2**/**incus, McSs1**/**hyoid, MtSs1**/**patella.

v = down arrow **Direction** of **Stretch** for **Muscles** on **Front** of **Page**

serratus anterior, upper part - from front bodies of ribs 2-1 to superior border and/or angle of scapula, fiber **v** progress upward thru 24 hours
tragicus - from ear's lower notch toward upper notch
flexor pollicis brevis - from flexor retinaculum & capitate, trapezium & trapezoid to outside base of Mc PP1
orbicularis oris, deep fibers - underlying intrinsic fibers around mouth to medial lower lip, outer fibers first
iliacus - from anterior iliac crest down fossa to lesser trochanter at inner top of femur

rectus abdominus, 3rd part - from just above navel at top of 4th part up to bottom of 2nd part, fiber progress **v** inward in 24 hours
helicis major - from along front of helix down to notch above the tragus
abductor digiti minimi - from outside base of Mc PP5 to pisiform / flexor carpi ulnaris tendon along outer hand
superior pharyngeal constrictor **-** from pharyngeal raphe top to pterygoid hamulus**,** pterygomandibular & **v** mylohyoid raphes & tongue
psoas - from lesser trochanter at inner top of femur up to L4-L1 and T12

serratus anterior, lower part -from front bodies of ribs 9-2 to front medial border and angles (tips) of scapula **v** with fiber progress upward through 24 hours
antitragicus - from ear's lower notch back along antihelix
flexor digiti minimi brevis - from front lateral forward hamate (hamulus) & flexor retinaculum to Mc PP5 base
buccinator - from pterygomandibular raphe/lateral alveolar processes to blend in lip fibers & cross at mouth angles
quadratus lumborum - from medial 1/2 of 12th rib & lumbar transverse processes down to medial iliac crest

^ & ^^ **:** ^ is Part 2's "Inroad Channel" (= Center of Gravity) & ^^ is the "Resulting Structure" (= Day's Bone +)

***Exit correspondents associated with Day 1, Day 2 & Day 3 structures are shown below**							**** Exits**
8:52a - 11:16a **|**	Eye part 1 **|**	Thymus	Kidney	RLS 3, p.1	RLS 6, p.1	LLS 10,p.1	Urethra
11:16a - 4:04p **|**	Eye part 2 **|**	Celiac Trunk	Gallbladder	part 2	part 2	part 2	Armpits
4:04p - 12:52a **|**	Eye part 3 **|**	Suprarenal Gland	Duodenum	part 3	part 3	part 3	Nipples
12:52a - 7:16a **|**	Eye part 4 **|**	Cerebellum 5	Liver	part 4	part 4	part 4	Anus
7:16a - 8:04a **|**	Eye part 5 **|**	Cerebrum 19	3rd Ventricle	part 5	part 5	part 5	Eye
8:04a - 8:52a **|**	Eye part 6 **|**	Cranial nerve IX	Nerve L3	part 6	part 6	part 6	Vagina

***** That which is formed is that which is needed to serve in altering organism structures to allow the organism to continually change to accord itself to its constantly altering universe.**

8:52 a.m. 7/2/1939 HUMAN as Bob or Pendulum from Crista Galli as Hook or Pivot for 2/7 - 2/9/2015

DAY 1 BOB HOOK COMPLEX is Ethmoid/SPHENOID+MED. MT SS BONE with breath through Nasolacrimal Duct (N.D.) & Superior Lacrimal Canaliculus to activate the Superior Sagittal Sinus thereby arranging PARAHIPPOCAMPAL GYRUS to align UPPER LAYER, SECONDARY OLFACTORY SYSTEM to form Lens, "muscles" are the lower, medial quadrant 3-member set (58-60) of 3 equatorial zonular fibers per set.

DAY 2 BOB HOOK COMPLEX AID is ZYGOMATIC/Tibia BONE with 2nd component of breath through N.D. & Inferior Lacrimal Canaliculus to activate Cavernous Sinus 5 thereby arranging VAGUS NERVE (C.N. X) to continue proper gyrus function, muscles are the dilator, sphincter and orbitalis of the eye.

DAY 3 BOB HOOK COMPLEX AID (BOB-A) is RIB 10/Mt 1 with 3rd component of breath through Middle Nasal Meatus & Incisive Canal to activate RLS 6 thereby arranging SPINAL NERVE 20 (L4 Spinal Nerve) to continue proper gyrus function, muscles are as shown.

In order for the above described Bob Hook Complex to approach optimal function, there can be no mis-alignment of its associated bone, muscle and organ structures. In the lower set of boxed columns below, preceded in the upper set by the enabling breath tracts, and aligned to the 6 spectral energy time intervals in 24 hours at left, are the 6 spectral energy associated structures as correlated with each numbered bone further below in the dated boxes. The 3 dated boxes then show the associated bone scaffold for Rib 10 with the muscles for each bone of the scaffold changing through the 3 dates to provide on-going bone adjustment.

TIME INTERVALS corresponding to the 6 periods in 24 hours in which energy need evolved from possible available ranges of spectral energy from radio to gamma rays:	1 Breath thru nasolacrimal duct into inferior lacrimal canaliculus to activate cavernous sinus 5 & Eye Apparatus:	2 Breath through superior nasal meatus to activate sphenoid sinus and the	3 Breath through Eustacean tube to activate cochlea's outer hair cells and the	4 Breath through inferior nasal meatus & incisive canal to activate RLS 3:	5 Breath through middle nasal meatus & incisive canal to activate RLS 6:	6 Breath through superior nasal meatus & incisive canal to activate LLS 10:	EXIT ROUTES for unincor-porated wave lengths of spectral energy:
8:52am-11:16am >	Part 1 <lymph>	Thymus	Kidney	Part 1	Part 1	Part 1	urethra
11:16am-4:04pm >	Part 2 <blood>	Celiac Trunk	Gallbladder	Part 2	Part 2	Part 2	armpits
4:04pm-12:52am >	Pt. 3<hormone>	Suprarenal Gland	Duodenum	Part 3	Part 3	Part 3	nipples
12:52am-7:16am >	Part 4 <DNA>	Cerebellum 5	Liver	Part 4	Part 4	Part 4	anus
7:16am-8:04am >	Part 5 <RNA>	Cerebrum 20	3rd Ventricle	Part 5	Part 5	Part 5	eye
8:04am-8:52am >	Part 6 <protein>	Cranial Nerve X	Nerve L4	Part 6	Part 6	Part 6	vagina

2/7/2015 DAY 1 BOB HOOK COMPLEX above is altered in connection with Bob Center, Lower Lateral Incisor (by way of balanced, full Mt Ss 1), through aegis of the Parahippocampal Gyrus.

Associated bones/muscles are (1) Zygomatic Bone - eye's dilator muscle
(2) Tibia - serratus posterior superior

(3) L4
procerus

(4) Mc 1
interosseous palmar

(5) Rib 10
digastric, anterior belly

(6) Mt 1
gluteus minimus

2/8/2015 Day 2 Bob Hook Complex Aid below is altered in connection with Bob Center, L4 (by way of Frontal Sinus), in conjunction with Cranial Nerve XII (Hypoglossal).

DAY 2 BOB-A > (1) ZYGOMATIC BONE - eye's sphincter muscle
Associated bones/muscles are (2) Tibia - rectus abdominus, 4th/5th part

(3) L4
occipitofrontalis (epicranius)

(4) Mc 1
interosseous lumbrical

(5) Rib 10
middle pharyngeal constrictor

(6) Mt 1
gluteus maximus

2/9/2015 Day 3 Bob Hook Complex Aid (Bob-A) below is altered in connection with Bob Center, RLS 3'.

(1) Zygomatic Bone - eye's orbitalis muscle
(2) Tibia - serratus posterior inferior

(3) L4
corrugator supercilii

(4) Mc 1
interosseous dorsal

(5) RIB 10 > DAY 3 BOB-A
digastric, posterior belly

(6) Mt 1
gluteus medius

PROCESS FOR ALTERING STRUCTURES
with the following occurances proposed as associated with progress toward optimal functioning

Read boxes from left to right	**Inhalation along given tracts "to" given structures,**	**Likely causes (1) eye tracts to receive spectral energy (with surrogate aid from 6 Exit correspondents*) & intake into**	**And (2) pressure (for alteration) on**	**Exhalation with no collapse of breath tract & structures,**	**Causes (1) pressure (for alteration) on**	**And (2)**	**And (3)**
Day 1 ^ = * see page bottom for each	Superior lacrimal canaliculi "to" Superior sagittal sinuses,	Lower lateral incisors ^	Medial sesamoid of Mt Ss 1s^^ as well as Parahippocampal gyri ^^;	Sup. lac. can. & Sup. sag. si. & 6 Exit correspondents* & Lower lateral incisors ^ & Medial sesamoid of Mt Ss 1s ^^ & Parahippocampal gyri ^^,	Lower lateral incisors ^ **And intake into** Medial sesamoid of MtSs1s^^ as well as Parahippocampal gyri ^^	Breath "to" Superior sagittal sinuses to disperse to receiving structures of the brain to serve during inhalation	Exhalation pressure brought to bear on 6 Exit correspondents* to precipitate that which*** will serve possible surrogate, specifically needed spectral energy roles during inhalation; unused "spectral energy" pressure of the breath cycle disperses to Exits**.
Day 2 ^ = * see below for each	Inferior lacrimal canaliculi "to" Cavernous sinuses 5,	As above but for L4 ^ (+ CN XII, i.e. Cranial nerve XII, Hypoglossal)	As above but for the Zygomatic bones ^^;	Inf. lac. can. & Cavernous sinuses 5 & 6 Exit correspondents* & L4^ (+ CN XII) & Zygomatic bones ^^,	L4 ^ (+ CN XII) **And intake into** Zygomatic bones ^^	Breath "to" Cavernous sinuses 5 to disperse to receiving structures of the brain	As above
Day 3 ^ = * see below	Middle nasal meatus & incisive canal "to" RLS 6,	As above but for RLS 3' ^	As above but for Rib 10s ^^;	Mid. nas. m. & RLS 6 & 6 Exit correspondents* & RLS 3' ^ & Rib 10s ^^,	RLS 3' ^ **And intake into** Rib 10s ^^	Breath "to" RLS 6 to disperse to lung part destinations	As above

Note: Maintain alignment of L5**/**pisiform, McSs2**/**incus, McSs1**/**hyoid, MtSs1**/**patella.

v & **^** = down & up arrows **Direction** of **Stretch** for **Muscles** on **Front** of **Page**

serratus posterior superior - from area of C6-C7, T1-T2 down to superior border of ribs 2-5 near angle, fiber **v**
procerus - from area of upper nasal bone juncture up into skin between eyebrows progress up in 24 hrs
interosseous palmar - from medial Mc 2 to Mc PP2 base & from lateral Mc 4-5 to Mc PP4-5 bases
digastric, anterior belly - from behind central inner chin to loop up from hyoid bone's lesser horn area
gluteus minimus - from lower posterior gluteal surface to outer front of greater trochanter

rectus abdominus, 4th/5th part - from area above top of pubis up to bottom of 3rd part at navel forehead
occipitofrontalis (epicranius) - from lateral back of head over epicranial aponeurosis, spreading down across**^**
interosseous lumbrical - from lateral side of Mc PP2-5 back to same of palmar tendons over Mc 2-3 & Mc **v**
middle pharyngeal constrictor - from pharyngeal raphe to hyoid bone's horns 3-5 interior both sides
gluteus maximus - from upper outer posterior femur to hip back edge/sacrum/coccyx/sacrotuberous ligament

serratus posterior inferior - from area of L2-L1, T12-T11 up to inferior border of ribs 12-9 near angle, up in 24
corrugator supercilii - from bone lip above eye's inner corner obliquely up and out to bone above mid-orbit
interosseous dorsal -2 heads interiorly from 5 Mc bones to lateral Mc PP2, lateral & medial Mc PP3 & medi- **v**
digastric, posterior belly - from mastoid process to loop up from hyoid bone's lesser horn area al Mc PP4
gluteus medius -from upper posterior gluteal surface below iliac crest to greater trochanter's top & lateral side

^ & ^^ **:** ^ is Part 2's "Inroad Channel" (= Center of Gravity) & ^^ is the "Resulting Structure" (= Day's Bone +)

***Exit correspondents associated with Day 1, Day 2 & Day 3 structures are shown below**						**** Exits**
8:52a - 11:16a **|** Eye part 1 **|**	Thymus	Kidney	RLS 3, p.1	RLS 6, p.1	LLS 10,p.1	Urethra
11:16a - 4:04p **|** Eye part 2 **|**	Celiac Trunk	Gallbladder	part 2	part 2	part 2	Armpits
4:04p - 12:52a **|** Eye part 3 **|**	Suprarenal Gland	Duodenum	part 3	part 3	part 3	Nipples
12:52a - 7:16a **|** Eye part 4 **|**	Cerebellum 5	Liver	part 4	part 4	part 4	Anus
7:16a - 8:04a **|** Eye part 5 **|**	Cerebrum 20	3rd Ventricle	part 5	part 5	part 5	Eye
8:04a - 8:52a **|** Eye part 6 **|**	Cranial nerve X	Nerve L4	part 6	part 6	part 6	Vagina

***** That which is formed is that which is needed to serve in altering organism structures to allow the organism to continually change to accord itself to its constantly altering universe.**

8:52 a.m. 7/2/1939 HUMAN as Bob or Pendulum from Crista Galli as Hook or Pivot for 2/10 - 2/12/2015

DAY 1 BOB HOOK COMPLEX is ETHMOID+LAT. MT SS/Sphenoid BONE with breath through Nasolacrimal Duct (N.D.) & Superior Lacrimal Canaliculus to activate the Inferior Sagittal Sinus thereby arranging POSTCENTRAL GYRUS to align LOWER LAYER, SECONDARY OLFACTORY SYSTEM to form Lens, "muscles" are the lower, medial quadrant 3-member set (61-63) of 3 equatorial zonular fibers per set.

DAY 2 BOB-A is TEMPORAL/Fibula BONE with 2nd component of breath through N.D. & Inferior Lacrimal Canaliculus to activate Cavernous Sinus 6 thereby arranging ACCESSORY NERVE (C.N. XI) to continue proper gyrus function, muscles are the dilator, sphincter and orbitalis of the eye.

DAY 3 BOB HOOK COMPLEX AID (BOB-A) is T11/Mt MP3 with 3rd component of breath through Middle Nasal Meatus & Incisive Canal to activate RLS 7 thereby arranging SPINAL NERVE 21 (L5 Spinal Nerve) to continue proper gyrus function, muscles are as shown.

In order for the above described Bob Hook Complex to approach optimal function, there can be no mis-alignment of its associated bone, muscle and organ structures. In the lower set of boxed columns below, preceded in the upper set by the enabling breath tracts, and aligned to the 6 spectral energy time intervals in 24 hours at left, are the 6 spectral energy associated structures as correlated with each numbered bone further below in the dated boxes. The 3 dated boxes then show the associated bone scaffold for T11 with the muscles for each bone of the scaffold changing through the 3 dates to provide on-going bone adjustment.

TIME INTERVALS corresponding to the 6 periods in 24 hours in which energy need evolved from possible available ranges of spectral energy from radio to gamma rays:	1 Breath thru nasolacrimal duct into inferior lacrimal canaliculus to activate cavernous sinus 6 & Eye Apparatus:	2 Breath through nasal meatuses to activate ethmoid cells and the	3 Breath through Eustacean tube to activate cochlea's inner hair cells and the	4 Breath through inferior nasal meatus & incisive canal to activate LLS 4:	5 Breath through middle nasal meatus & incisive canal to activate RLS 7:	6 Breath through superior nasal meatus & incisive canal to activate RLS 10:	EXIT ROUTES for unincor-porated wave lengths of spectral energy:
8:52am-11:16am >	Part 1 <lymph>	Tonsils 1, 2, 3 *	Kidney	Part 1	Part 1	Part 1	urethra
11:16am-4:04pm >	Part 2 <blood>	Iliac Artery	Gallbladder	Part 2	Part 2	Part 2	armpits
4:04pm-12:52am >	Part 3<hormone>	Gonads	Duodenum	Part 3	Part 3	Part 3	nipples
12:52am-7:16am >	Part 4 <DNA>	Cerebellum 6	Liver	Part 4	Part 4	Part 4	anus
7:16am-8:04am >	Part 5 <RNA>	Cerebrum 21	4th Ventricle	Part 5	Part 5	Part 5	eye
8:04am-8:52am >	Part 6 <protein>	Cranial Nerve XI	Nerve L5	Part 6	Part 6	Part 6	vagina

2/10/2015 DAY 1 BOB HOOK COMPLEX above is altered in connection with Bob Center, Upper Central Incisor (by way of balanced, full Mt Ss 1), through aegis of the Postcentral Gyrus.

Associated bones/muscles are

(1) Temporal Bone - eye's dilator muscle

(2) Fibula - sternocleidomastoid, sternal head

(3) L5
sternothyroid

(4) Mc MP3
biceps brachii, short head

(5) T11
omohyoid, superior belly

(6) Mt MP3
tibialis anterior

2/11/2015 Day 2 Bob-A below is altered in connection with Bob Center, Parietal Bone's overseen Series of Soft Tissue Structure (by way of Frontal Sinus) in conjunction with Cranial Nerve XI (Accessory).

DAY 2 BOB-A > (1) TEMPORAL BONE - eye's sphincter muscle

Associated bones/muscles are (2) Fibula - pyramidalis

(3) L5
sternohyoid

(4) Mc MP3
anconeus

(5) T11 *
subclavius

(6) Mt MP3
flexor hallucis brevis, both heads

Day 1 Tonsil is Lingual
Day 2 Tonsil is Pharyngeal
Day 3 Tonsil is Palatine

2/12/2015 Day 3 Bob Hook Complex Aid (Bob-A) below is altered in connection with Bob Center, LLS 3'.

(1) Temporal Bone - eye's orbitalis muscle

(2) Fibula - sternocleidomastoid, clavicular head

(3) L5
thyrohyoid

(4) Mc MP3
biceps brachii, long head

(5) T11 > DAY 3 BOB-A
omohyoid, inferior belly

(6) Mt MP3
tibialis posterior

PROCESS FOR ALTERING STRUCTURES
with the following occurances proposed as associated with progress toward optimal functioning

Read boxes from left to right	**Inhalation along given tracts "to" given structures,**	**Likely causes (1) eye tracts to receive spectral energy (with surrogate aid from 6 Exit correspondents*) & intake into**	**And (2) pressure (for alteration) on**	**Exhalation with no collapse of breath tract & structures,**	**Causes (1) pressure (for alteration) on**	**And (2)**	**And (3)**
Day 1 ^ = * see page bottom for each	Superior lacrimal canaliculi "to" Inferior sagittal sinuses**,**	Upper central incisors ^	Lateral sesamoid of Mt Ss 1s^^ as well as Postcentral gyri ^^**;**	Sup. lac. can. & Inf. sag. si. & 6 Exit correspondents* & Upper central incisors ^ & Lateral sesamoid of Mt Ss 1s ^^ & Postcentral gyri ^^**,**	Upper central incisors ^ **And intake into** Lateral sesamoid of Mt Ss 1s^^ as well as Postcentral gyri ^^	Breath "to" Inferior sagittal sinuses to disperse to receiving structures of the brain to serve during inhalation	Exhalation pressure brought to bear on 6 Exit correspondents* to precipitate that which*** will serve possible surrogate, specifically needed spectral energy roles during inhalation**;** unused "spectral energy" pressure of the breath cycle disperses to Exits**.
Day 2 ^ = * see below for each	Inferior lacrimal canaliculi "to" Cavernous sinuses 6**,** (+ CN XI - Accessory)	As above but for the Thymus, celiac trunk, suprarenal glands + 3 others ^	As above but for the Temporal bones ^^**;**	Inf. lac. can. & Cavernous sinuses 6 & 6 Exit correspondents* & Thymus, etc.^ & Temporal bones ^^**,**	Thymus, celiac trunk, suprarenal glands, etc.^ (+ CN XI) **& intake into** Temporal bones ^^	Breath "to" Cavernous sinuses 6 to disperse to receiving structures of the brain	As above
Day 3 ^ = * see below	Middle nasal meatus & incisive canal "to" RLS 7**,**	As above but for LLS 3' ^	As above but for T11 ^^**;**	Mid. nas. m. & RLS 7 & 6 Exit correspondents* & LLS 3' ^ & T11 ^^	LLS 3' ^ **And intake into** T11 ^^	Breath "to" RLS 7 to disperse to lung part destinations	As above

Note: Maintain alignment of L5**/**pisiform, McSs2**/**incus, McSs1**/**hyoid, MtSs1**/**patella.

v = down arrow **Direction** of **Stretch** for **Muscles** on **Front** of **Page** ~ (from below) medial Cuneiform Medial & Mt 1 base

sternocleidomastoid, sternal head - from upper anterior manubrium to mastoid process & superior nuchal line
sternothyroid - from upper posterior manubrium up to thyroid cartilage's oblique line along its lamina
biceps brachii, short head - from front border of scapula's coracoid process to radial tuberosoity (see below)
omohyoid, superior belly - from medial greater horn of hyoid bone down to intermediate tendon (see below)
tibialis anterior - from upper 1/2 anterior lateral tibia & adjoining interosseous membrane to posterior (~above)

pyramidalis - from anterior pubis slightly inward & up to a small lowest section of linea alba
sternohyoid - from body of hyoid bone down to posterior manubrium and adjacent end of clavicle
anconeus - from ulna's upper posterior lateral side & lateral olecranon to posterior lateral epicondyle of **v** humerus
subclavius - from bottom of middle of clavicle in to junction of 1st rib with its cartilage
flexor hallucis brevis, both heads - from Mt PP1 plantar base sides (& MtSs1s) to tibialis posterior tendon,etc.

sternocleidomastoid, clavicular head - from medial, upper clavicle to mastoid process & superior nuchal line
thyrohyoid - from thyroid cartilage's oblique line along its lamina up to bottom of hyoid bone's greater horn
biceps brachii, long head - from scapula's supraglenoid tubercle to radial tuberosity near top inside of radius
omohyoid, inferior belly - from scapula's top lateral border to intermediate tendon front of internal jugular vein
tibialis posterior - from upper 1/2 posterior tibia & fibula to posterior navicular, 3 cuneiforms & Mt 2-4 bases

^ & ^^ **:** ^ is Part 2's "Inroad Channel" (= Center of Gravity) & ^^ is the "Resulting Structure" (= Day's Bone +)

***Exit correspondents associated with Day 1, Day 2 & Day 3 structures are shown below**						**** Exits**
8:52a - 11:16a **|** Eye part 1 **|**	Tonsils	Kidney	LLS 4, p.1	RLS 7, p.1	RLS 10,p.1	Urethra
11:16a - 4:04p **|** Eye part 2 **|**	Iliac Artery	Gallbladder	part 2	part 2	part 2	Armpits
4:04p - 12:52a **|** Eye part 3 **|**	Gonads	Duodenum	part 3	part 3	part 3	Nipples
12:52a - 7:16a **|** Eye part 4 **|**	Cerebellum 6	Liver	part 4	part 4	part 4	Anus
7:16a - 8:04a **|** Eye part 5 **|**	Cerebrum 21	4th Ventricle	part 5	part 5	part 5	Eye
8:04a - 8:52a **|** Eye part 6 **|**	Cranial nerve XI	Nerve L5	part 6	part 6	part 6	Vagina

***** That which is formed is that which is needed to serve in altering organism structures to allow the organism to continually change to accord itself to its constantly altering universe.**

8:52 a.m. 7/2/1939 HUMAN as Bob or Pendulum from Crista Galli as Hook or Pivot for 2/13 - 2/15/2015

DAY 1 BOB HOOK COMPLEX is Ethmoid/SPHENOID+MED.MT SS BONE with breath through Nasolacrimal Duct (N.D.) & Superior Lacrimal Canaliculus to activate the Inferior Sagittal Sinus thereby arranging PRECENTRAL GYRUS to align LOWER LAYER, SECONDARY OLFACTORY SYSTEM to form Lens, "muscles" are the lower, medial quadrant 3-member set (64-66) of 3 equatorial zonular fibers per set.

DAY 2 BOB-A is ZYGOMATIC/Patella BONE with 2nd component of breath through Nasolacrimal Duct & Inferior Lacrimal Canaliculus to activate Cavernous Sinus 6 thus arranging HYPOGLOSSAL NERVE (C.N. XII) to continue proper gyrus function, muscles are the dilator, sphincter and orbitalis of the eye.

DAY 3 BOB HOOK COMPLEX AID (BOB-A) is RIB 11/Mt PP1 with 3rd component of breath through Middle Nasal Meatus & Incisive Canal to activate RLS 7 thereby arranging SPINAL NERVE 22 (S1 of Sacral Plexis) to continue proper gyrus function, muscles are as shown.

In order for the above described Bob Hook Complex to approach optimal function, there can be no mis-alignment of its associated bone, muscle and organ structures. In the lower set of boxed columns below, preceded in the upper set by the enabling breath tracts, and aligned to the 6 spectral energy time intervals in 24 hours at left, are the 6 spectral energy associated structures as correlated with each numbered bone further below in the dated boxes. The 3 dated boxes then show the associated bone scaffold for Rib 11 with the muscles for each bone of the scaffold changing through the 3 dates to provide on-going bone adjustment.

TIME INTERVALS corresponding to the 6 periods in 24 hours in which energy need evolved from possible available ranges of spectral energy from radio to gamma rays:	1 Breath thru nasolacrimal duct into inferior lacrimal canaliculus to activate cavernous sinus 6 & Eye Apparatus:	2 Breath through nasal meatuses to activate ethmoid cells and the	3 Breath through Eustacean tube to activate cochlea's inner hair cells and the	4 Breath through inferior nasal meatus & incisive canal to activate LLS 4:	5 Breath through middle nasal meatus & incisive canal to activate RLS 7:	6 Breath through superior nasal meatus & incisive canal to activate RLS 10:	EXIT ROUTES for unincor-porated wave lengths of spectral energy:
8:52am-11:16am >	Part 1 <lymph>	Tonsils 1, 2, 3 *	Kidney	Part 1	Part 1	Part 1	urethra
11:16am-4:04pm >	Part 2 <blood>	Iliac Artery	Gallbladder	Part 2	Part 2	Part 2	armpits
4:04pm-12:52am >	Part 3<hormone>	Gonads	Duodenum	Part 3	Part 3	Part 3	nipples
12:52am-7:16am >	Part 4 <DNA>	Cerebellum 6	Liver	Part 4	Part 4	Part 4	anus
7:16am-8:04am >	Part 5 <RNA>	Cerebrum 22	4th Ventricle	Part 5	Part 5	Part 5	eye
8:04am-8:52am >	Part 6 <protein>	Cranial Nerve XII	Nerve S1	Part 6	Part 6	Part 6	vagina

2/13/2015 DAY 1 BOB HOOK COMPLEX above is altered in connection with Bob Center, Lower Central Incisor (by way of balanced, full Mt Ss 1), through aegis of the Precentral Gyrus.

Associated bones/muscles are (1) Zygomatic Bone - eye's dilator muscle
(2) Patella - internal intercostal
(3) Mc Ss 2 diaphragm, anterior costal part
(4) Mc PP1 supinator
(5) Rib 11 geniohyoid
(6) Mt PP1 fibularis brevis

*** Day 1 Tonsil is Lingual**
Day 2 Tonsil is Pharyngeal
Day 3 Tonsil is Palatine

2/14/2015 Day 2 Bob Hook Complex Aid below is altered in connection with Bob Center, L4 (by way of Frontal Sinus), in conjunction with Cranial Nerve XII (Hypoglossal).

DAY 2 BOB-A > (1) ZYGOMATIC BONE - eye's sphincter muscle
Associated bones/muscles are (2) Patella - innermost intercostal
(3) Mc Ss 2 diaphragm, sternal part
(4) Mc PP1 pronator quadratus
(5) Rib 11 mylohyoid
(6) Mt PP1 flexor hallucis longus

2/15/2015 Day 3 Bob Hook Complex Aid (Bob-A) below is altered in connection with Bob Center, RLS 2'.

(1) Zygomatic Bone - eye's orbitalis muscle
(2) Patella - external intercostal
(3) Mc Ss 2 diaphragm, posterior lumbar & crus part
(4) Mc PP1 pronator teres
(5) RIB 11 > DAY 3 BOB-A stylohyoid
(6) Mt PP1 fibularis longus

PROCESS FOR ALTERING STRUCTURES
with the following occurances proposed as associated with progress toward optimal functioning

Read boxes from left to right	**Inhalation along given tracts "to" given structures,**	**Likely causes (1) eye tracts to receive spectral energy (with surrogate aid from 6 Exit correspondents*) & intake into**	**And (2) pressure (for alteration) on**	**Exhalation with no collapse of breath tract & structures,**	**Causes (1) pressure (for alteration) on**	**And (2)**	**And (3)**
Day 1 ^ = * see page bottom for each	Superior lacrimal canaliculi "to" Inferior sagittal sinuses,	Lower central incisors ^	Medial sesamoid of Mt Ss 1s^^ as well as Precentral gyri ^^; & Medial sesamoid of Mt Ss 1s ^^ & Precentral gyri ^^,	Sup. lac. can. & Inf. sag. si. & 6 Exit correspondents* & Lower central incisors ^ &	Lower central incisors ^ **And intake into** Medial sesamoid of Mt Ss 1s^^ as well as Precentral gyri ^^	Breath "to" Inferior sagittal sinuses to disperse to receiving structures of the brain to serve during inhalation	Exhalation pressure brought to bear on 6 Exit correspondents* to precipitate that which*** will serve possible surrogate, specifically needed spectral energy roles during inhalation; unused "spectral energy" pressure of the breath cycle disperses to Exits**.
Day 2 ^ = * see below for each	Inferior lacrimal canaliculi "to" Cavernous sinuses 6,	As above but for L4 ^ (+ CN XII, i.e. Cranial nerve XII, Hypoglossal)	As above but for the Zygomatic bones ^^;	Inf. lac. can. & Cavernous sinuses 6 & 6 Exit correspondents* & L4^ (+ CN XII) & Zygomatic bones ^^,	L4 ^ (+ CN XII) **And intake into** Zygomatic bones ^^	Breath "to" Cavernous sinuses 6 to disperse to receiving structures of the brain	As above
Day 3 ^ = * see below	Middle nasal meatus & incisive canal "to" RLS 7,	As above but for RLS 2' ^	As above but for Rib 11s ^^;	Mid. nas. m. & RLS 7 & 6 Exit correspondents* & RLS 2' ^ & Rib 11s ^^	RLS 2' ^ **And intake into** Rib 11s ^^	Breath "to" RLS 7 to disperse to lung part destinations	As above

Note: Maintain alignment of L5**/**pisiform, McSs2**/**incus, McSs1**/**hyoid, MtSs1**/**patella.

^ / v = up / down arrows **Direction** of **Stretch** for **Muscles** on **Front** of **Page**

internal intercostal - from rib above, rearward to rib below, fiber progression in 24 hrs. from sternum area around to rib angles **^**
diaphragm, anterior costal part - from inside surface of ribs 12-6 front portion & costal cartilages into central **v**
supinator - from top lateral ulna around radius back to its top front & humerus lateral epicondyle tendon
geniohyoid - from mental spines of posterior central inferior mandible to along median raphe back to **v**
fibularis brevis - from lateral lower portion of fibula to lateral Mt 5 base anterior body of hyoid

innermost intercostal - from rib below, frontward to rib above, in 24 h. from rib angles to costal cartilage area
diaphragm, sternal part - from most anterior central tendon down to posterior xiphoid process
pronator quadratus - wide band from bottom portion of anterior lateral radius up to same of medial ulna
mylohyoid - from along body of hyoid top, then median raphe to mylohyoid line of posterior body of mandible
flexor hallucis longus - from Mt DP1 plantar base medially around heel to central portion of posterior fibula

external intercostal - from rib above, frontward to rib below, in 24 hrs. from costal cartilages to near spine
diaphragm, lumbar & crus part - from arcuate ligaments/upper lumbar vertebrae fronts into posterior central **v**
pronator teres - from anterior humerus medial epicondyle and ulna top to lateral mid-radius tendon
stylohyoid - from styloid process to body of hyoid near its greater horn cuneiform medial
fibularis longus - from head & upper lateral 1/2 of fibula to lateral posterior Mt 1 base and adjoining **^**

^ & ^^ : ^ is Part 2's "Inroad Channel" (= Center of Gravity) & ^^ is the "Resulting Structure" (= Day's Bone +)

***Exit correspondents associated with Day 1, Day 2 & Day 3 structures are shown below**						**** Exits**
8:52a - 11:16a **|** Eye part 1 **|**	Tonsils	Kidney	LLS 4, p.1	RLS 7, p.1	RLS 10,p.1	Urethra
11:16a - 4:04p **|** Eye part 2 **|**	Iliac Artery	Gallbladder	part 2	part 2	part 2	Armpits
4:04p - 12:52a **|** Eye part 3 **|**	Gonads	Duodenum	part 3	part 3	part 3	Nipples
12:52a - 7:16a **|** Eye part 4 **|**	Cerebellum 6	Liver	part 4	part 4	part 4	Anus
7:16a - 8:04a **|** Eye part 5 **|**	Cerebrum 22	4th Ventricle	part 5	part 5	part 5	Eye
8:04a - 8:52a **|** Eye part 6 **|**	Cranial nerve XII	Nerve S1	part 6	part 6	part 6	Vagina

***** That which is formed is that which is needed to serve in altering organism structures to allow the organism to continually change to accord itself to its constantly altering universe.**

8:52 a.m. 7/2/1939 HUMAN as Bob or Pendulum from Crista Galli as Hook or Pivot for 2/16 - 2/18/2015

DAY 1 BOB HOOK COMPLEX is ETHMOID+BODYof MANDIBLE/Sphenoid BONE with breath through Nasocrimal Duct (N.D.) & Superior Lacrimal Canaliculus to activate the Inferior Sagittal Sinus thereby arranging MIDDLE FRONTAL GYRUS to align TASTE BUD SYSTEM to form Lens,
"muscles" are the lower, medial quadrant 3-member set (67-69) of 3 equatorial zonular fibers per set.

DAY 2 BOB-A is TEMPORAL/Calcaneus BONE with 2nd component of breath through N.D. & Inferior Lacrimal Canaliculus to activate Cavernous Sinus 6 thereby arranging ACCESSORY NERVE (C.N. XI) to continue proper gyrus function, muscles are the dilator, sphincter and orbitalis of the eye.

DAY 3 BOB HOOK COMPLEX AID (BOB-A) is T12/Mt DP3 with 3rd component of breath through Middle Nasal Meatus & Incisive Canal to activate RLS 7 thereby arranging SPINAL NERVE 23 (S2 of Sacral Plexis) to continue proper gyrus function, muscles are as shown.

In order for the above described Bob Hook Complex to approach optimal function, there can be no mis-alignment of its associated bone, muscle and organ structures. In the lower set of boxed columns below, preceded in the upper set by the enabling breath tracts, and aligned to the 6 spectral energy time intervals in 24 hours at left, are the 6 spectral energy associated structures as correlated with each numbered bone further below in the dated boxes. The 3 dated boxes then show the associated bone scaffold for T12 with the muscles for each bone of the scaffold changing through the 3 dates to provide on-going bone adjustment.

TIME INTERVALS corresponding to the 6 periods in 24 hours in which energy need evolved from possible available ranges of spectral energy from radio to gamma rays:	1 Breath thru nasolacrimal duct into inferior lacrimal canaliculus to activate cavernous sinus 6 & Eye Apparatus:	2 Breath through nasal meatuses to activate ethmoid cells and the	3 Breath through Eustacean tube to activate cochlea's inner hair cells and the	4 Breath through inferior nasal meatus & incisive canal to activate LLS 4:	5 Breath through middle nasal meatus & incisive canal to activate RLS 7:	6 Breath through superior nasal meatus & incisive canal to activate RLS 10:	EXIT ROUTES for unincor-porated wave lengths of spectral energy:
8:52am-11:16am >	Part 1 <lymph>	Tonsils 1, 2, 3 *	Kidney	Part 1	Part 1	Part 1	urethra
11:16am-4:04pm >	Part 2 <blood>	Iliac Artery	Gallbladder	Part 2	Part 2	Part 2	armpits
4:04pm-12:52am >	Part 3<hormone>	Gonads	Duodenum	Part 3	Part 3	Part 3	nipples
12:52am-7:16am >	Part 4 <DNA>	Cerebellum 6	Liver	Part 4	Part 4	Part 4	anus
7:16am-8:04am >	Part 5 <RNA>	Cerebrum 23	4th Ventricle	Part 5	Part 5	Part 5	eye
8:04am-8:52am >	Part 6 <protein>	Cranial Nerve XI	Nerve S2	Part 6	Part 6	Part 6	vagina

2/16/2015 DAY 1 BOB HOOK COMPLEX above is altered in connection with Bob Center, Medial Sesamoid of Mc Ss 1 (by way of balanced, full McSs1), through aegis of Middle Frontal Gyrus.

Associated bones/muscles are

(1) Temporal Bone - eye's dilator muscle

(2) Calcaneus - bulbocavernosus

(3) Mc Ss 1
genioglossus, horizontal fibers

(4) Mc DP3
extensor digitorum

(5) T12 *
palatoglossus

(6) Mt DP3
tensor fasciae latae

Day 1 Tonsil is Lingual
Day 2 Tonsil is Pharyngeal
Day 3 Tonsil is Palatine

2/17/2015 Day 2 Bob-A below is altered in connection with Bob Center, Parietal Bone's overseen Series of Soft Tissue Structure (by way of Frontal Sinus) in conjunction with Cranial Nerve XI (Accessory).

DAY 2 BOB-A >

(1) TEMPORAL BONE - eye's sphincter muscle

Associated bones/muscles are

(2) Calcaneus - superficial transverse perineal

(3) Mc Ss 1
genioglossus, oblique fibers

(4) Mc DP3
extensor carpi ulnaris

(5) T12
hyoglossus

(6) Mt DP3
sartorius

2/18/2015 Day 3 Bob Hook Complex Aid (Bob-A) below is altered in connection with Bob Center,

(1) Temporal Bone - eye's orbitalis muscle **LLS 1+2',**

(2) Calcaneus - ischiocavernosus

(3) Mc Ss 1
genioglossus, vertical fibers

(4) Mc DP3
extensor digiti minimi

(5) T12 > DAY 3 BOB-A
styloglossus

(6) Mt DP3
rectus femoris

PROCESS FOR ALTERING STRUCTURES
with the following occurances proposed as associated with progress toward optimal functioning

Read boxes from left to right	**Inhalation along given tracts "to" given structures,**	**Likely causes (1) eye tracts to receive spectral energy (with surrogate aid from 6 Exit correspondents*) & intake into**	**And (2) pressure (for alteration) on**	**Exhalation with no collapse of breath tract & structures,**	**Causes (1) pressure (for alteration) on**	**And (2)**	**And (3)**
Day 1 ^ = * see page bottom for each	Superior lacrimal canaliculi "to" Inferior sagittal sinuses,	Medial sesamoid of Mc Ss 1s ^	Body of mandible^^ as well as Middle frontal gyri ^^; Body of mandible ^^ & Middle frontal gyri ^^,	Sup. lac. can. & Inf. sag. si. & 6 Exit correspondents* & Medial sesamoid of Mc Ss 1s ^ &	Medial sesamoid of Mc Ss 1s ^ **And intake into** Body of mandible ^^ as well as Middle frontal gyri ^^	Breath "to" Inferior sagittal sinuses to disperse to receiving structures of the brain to serve during inhalation	Exhalation pressure brought to bear on 6 Exit correspondents* to precipitate that which*** will serve possible surrogate, specifically needed spectral energy roles during inhalation; unused "spectral energy" pressure of the breath cycle disperses to Exits**.
Day 2 ^ = * see below for each	Inferior lacrimal canaliculi "to" Cavernous sinuses 6, (+ CN XI - Accessory)	As above but for the Thymus, celiac trunk, suprarenal glands + 3 others ^	As above but for the Temporal bones ^^;	Inf. lac. can. & Cavernous sinuses 6 & 6 Exit correspondents* & Thymus, etc.^ & Temporal bones ^^,	Thymus, celiac trunk, suprarenal glands, etc.^ (+ CN XI) **& intake into** Temporal bones ^^	Breath "to" Cavernous sinuses 6 to disperse to receiving structures of the brain	As above
Day 3 ^ = * see below	Middle nasal meatus & incisive canal "to" RLS 7,	As above but for LLS 1+2' ^	As above but for T12 ^^;	Mid. nas. m. & RLS 7 & 6 Exit correspondents* & LLS 1+2' ^ & T12 ^^	LLS 1+2' ^ **And intake into** T12 ^^	Breath "to" RLS 7 to disperse to lung part destinations	As above

Note: Maintain alignment of L5**/**pisiform, McSs2**/**incus, McSs1**/**hyoid, MtSs1**/**patella.

^/v = up/down arrows **Direction** of **Stretch** for **Muscles** on **Front** of **Page**

bulbocavernosus - from perineal area between vagina & anus to area of clitoris | tonsil & body of hyoid
genioglossus, horizontal fibers - fanning from central lower posterior mandible to back tongue, lingual **^**
extensor digitorum - from lateral epicondyle of humerus into tendons to posterior bases of Mc MP & DP2-5
palatoglossus - from oral side of soft palate to side of tongue toward back, forming the palatoglossal arch
tensor fasciae latae - from iliac crest outer lip (above sartorius) to tibia's lateral epicondyle & iliotibial tract

superficial transverse perineal - from center between vagina and anus to medial, anterior ischial tuberosity
genioglossus, oblique fibers - from mid-to-back under portion of tongue to central mid-posterior mandible
extensor carpi ulnaris - from outside (edge) base of Mc 5 to outside (edge) part of lateral epicondyle of **v**
hyoglossus - from lower side of tongue to length of hyoid's greater horn & lateral body of hyoid | humerus
sartorius- from upper anterior tibia as medial-side band laterally paralleling gracilas/semitendinosus bands **~v**

ischiocavernosus - from ischial tuberosity & ramus toward area of clitoris | **~** to anterior superior iliac spine
genioglossus, vertical fibers - from central upper posterior mandible to front underpart of tongue
extensor digiti minimi - from lateral epicondyle of humerus to join extensor digitorum tendon to Mc DP5
styloglossus - from styloid process to side/bottom of tongue
rectus femoris - from anterior inferior iliac spine & above acetabulum to tendon over patella to tibia tuberosity

^ & ^^ **:** ^ is Part 2's "Inroad Channel" (= Center of Gravity) & ^^ is the "Resulting Structure" (= Day's Bone +)

***Exit correspondents associated with Day 1, Day 2 & Day 3 structures are shown below**						**** Exits**
8:52a - 11:16a **|** Eye part 1 **|**	Tonsils	Kidney	LLS 4, p.1	RLS 7, p.1	RLS10,p.1	Urethra
11:16a - 4:04p **|** Eye part 2 **|**	Iliac Artery	Gallbladder	part 2	part 2	part 2	Armpits
4:04p - 12:52a **|** Eye part 3 **|**	Gonads	Duodenum	part 3	part 3	part 3	Nipples
12:52a - 7:16a **|** Eye part 4 **|**	Cerebellum 6	Liver	part 4	part 4	part 4	Anus
7:16a - 8:04a **|** Eye part 5 **|**	Cerebrum 23	4th Ventricle	part 5	part 5	part 5	Eye
8:04a - 8:52a **|** Eye part 6 **|**	Cranial nerve XI	Nerve S2	part 6	part 6	part 6	Vagina

***** That which is formed is that which is needed to serve in altering organism structures to allow the organism to continually change to accord itself to its constantly altering universe.**

8:52 a.m. 7/2/1939 HUMAN as Bob or Pendulum from Crista Galli as Hook or Pivot for 2/19 - 2/21/2015

DAY 1 BOB HOOK COMPLEX is Ethmoid/SPHENOID+RAMUS OF MANDIBLE BONE with breath through Nasocrimal Duct (N.D.) & Superior Lacrimal Canaliculus to activate the Inferior Sagittal Sinus thereby arranging SUPERIOR FRONTAL GYRUS to align TASTE BUD SYSTEM to form Lens,
"muscles" are the lower, medial quadrant 3-member set (70-72) of 3 equatorial zonular fibers per set.

DAY 2 BOB-A is ZYGOMATIC/Talus BONE with 2nd component of breath through Nasolacrimal Duct & Inferior Lacrimal Canaliculus to activate Cavernous Sinus 6 thus arranging HYPOGLOSSAL NERVE (C.N. XII) to continue proper gyrus function, muscles are the dilator, sphincter and orbitalis of the eye.

DAY 3 BOB HOOK COMPLEX AID (BOB-A) is RIB 12/Mt DP1 with 3rd component of breath through Middle Nasal Meatus & Incisive Canal to activate RLS 7 thereby arranging SPINAL NERVE 24 (S3 of Sacral Plexis) to continue proper gyrus function, muscles are as shown.

In order for the above described Bob Hook Complex to approach optimal function, there can be no mis-alignment of its associated bone, muscle and organ structures. In the lower set of boxed columns below, preceded in the upper set by the enabling breath tracts, and aligned to the 6 spectral energy time intervals in 24 hours at left, are the 6 spectral energy associated structures as correlated with each numbered bone further below in the dated boxes. The 3 dated boxes then show the associated bone scaffold for Rib 12 with the muscles for each bone of the scaffold changing through the 3 dates to provide on-going bone adjustment.

TIME INTERVALS corresponding to the 6 periods in 24 hours in which energy need evolved from possible available ranges of spectral energy from radio to gamma rays:	1 Breath thru nasolacrimal duct into inferior lacrimal canaliculus to activate cavernous sinus 6 & Eye Apparatus:	2 Breath through nasal meatuses to activate ethmoid cells and the	3 Breath through Eustacean tube to activate cochlea's inner hair cells and the	4 Breath through inferior nasal meatus & incisive canal to activate LLS 4:	5 Breath through middle nasal meatus & incisive canal to activate RLS 7:	6 Breath through superior nasal meatus & incisive canal to activate RLS 10:	EXIT ROUTES for unincor-porated wave lengths of spectral energy:
8:52am-11:16am >	Part 1 <lymph>	Tonsils 1, 2, 3 *	Kidney	Part 1	Part 1	Part 1	urethra
11:16am-4:04pm >	Part 2 <blood>	Iliac Artery	Gallbladder	Part 2	Part 2	Part 2	armpits
4:04pm-12:52am >	Part 3<hormone>	Gonads	Duodenum	Part 3	Part 3	Part 3	nipples
12:52am-7:16am >	Part 4 <DNA>	Cerebellum 6	Liver	Part 4	Part 4	Part 4	anus
7:16am-8:04am >	Part 5 <RNA>	Cerebrum 24	4th Ventricle	Part 5	Part 5	Part 5	eye
8:04am-8:52am >	Part 6 <protein>	Cranial Nerve XII	Nerve S3	Part 6	Part 6	Part 6	vagina

2/19/2015 DAY 1 BOB HOOK COMPLEX above is altered in connection with Bob Center, Mc Ss 2 (by way of balanced, full Mc Ss 1), through aegis of the Superior Frontal Gyrus.

Associated bones/muscles are (1) Zygomatic Bone - eye's dilator muscle
(2) Talus - urethrovaginalis/urethrae sphincter

(3) Mt Ss 1
intrinsic tongue, superior longitudinal fibers

(4) Mc DP1
flexor digitorum profundus

(5) Rib 12 *
scalene, anterior

(6) Mt DP1
adductor brevis

Day 1 Tonsil is Lingual
Day 2 Tonsil is Pharyngeal
Day 3 Tonsil is Palatine

2/20/2015 Day 2 Bob Hook Complex Aid below is altered in connection with Bob Center, L4 (by way of Frontal Sinus), in conjunction with Cranial Nerve XII (Hypoglossal).

DAY 2 BOB-A > (1) ZYGOMATIC BONE - eye's sphincter muscle
Associated bones/muscles are (2) Talus - deep transverse perineal

(3) Mt Ss 1
intrinsic tongue, vertical & transverse fibers

(4) Mc DP1
flexor pollicis longus

(5) Rib 12
scalene, middle

(6) Mt DP1
pectineus

2/21/2015 Day 3 Bob Hook Complex Aid (Bob-A) below is altered in connection with Bob Center, RLS 1'.

(1) Zygomatic Bone - eye's orbitalis muscle
(2) Talus - compressor urethrae

(3) Mt Ss 1
intrinsic tongue, inferior longitudinal fibers

(4) Mc DP1
flexor digitorum superficialis

(5) RIB 12 > DAY 3 BOB-A
scalene, posterior

(6) Mt DP1
adductor longus

PROCESS FOR ALTERING STRUCTURES
with the following occurances proposed as associated with progress toward optimal functioning

Read boxes from left to right	**Inhalation along given tracts "to" given structures,**	**Likely causes (1) eye tracts to receive spectral energy (with surrogate aid from 6 Exit correspondents*) & intake into**	**And (2) pressure (for alteration) on**	**Exhalation with no collapse of breath tract & structures,**	**Causes (1) pressure (for alteration) on**	**And (2)**	**And (3)**
Day 1 ^ = * see page bottom for each	Superior lacrimal canaliculi "to" Inferior sagittal sinuses**,**	Mc Ss 2s ^	Rami of mandible^^ as well as Superior frontal gyri ^^ & Superior frontal gyri ^^**,**	Sup. lac. can. & Inferior sagital sinuses & 6 Exit correspondents* & Mc Ss 2s ^ & Rami of mandible ^^	Mc Ss 2s ^ **And intake into** Rami of mandible ^^ as well as Superior frontal gyri ^^	Breath "to" Inferior sagittal sinuses to disperse to receiving structures of the brain to serve during inhalation	Exhalation pressure brought to bear on 6 Exit correspondents* to precipitate that which*** will serve possible surrogate, specifically needed spectral energy roles during inhalation**;** unused "spectral energy" pressure of the breath cycle disperses to Exits**.
Day 2 ^ = * see below for each	Inferior lacrimal canaliculi "to" Cavernous sinuses 6**,**	As above but for L4 ^ (+ CN XII, i.e. Cranial nerve XII, Hypoglossal)	As above but for the Zygomatic bones ^^**;**	Inf. lac. can. & Cavernous sinuses 6 & 6 Exit correspondents* & L4^ (+ CN XII) & Zygomatic bones ^^**,**	L4 ^ (+ CN XII) **And intake into** Zygomatic bones ^^	Breath "to" Cavernous sinuses 6 to disperse to receiving structures of the brain	As above
Day 3 ^ = * see below	Middle nasal meatus & incisive canal "to" RLS 7**,**	As above but for RLS 1' ^	As above but for Rib 12s ^^**;**	Mid. nas. m. & RLS 7 & 6 Exit correspondents* & RLS 1' ^ & Rib 12s ^^	RLS 1' ^ **And intake into** Rib 12s ^^	Breath "to" RLS 7 to disperse to lung part destinations	As above

Note: Maintain alignment of L5**/**pisiform, McSs2**/**incus, McSs1**/**hyoid, MtSs1**/**patella.

^ / v = down / up arrows **Direction** of **Stretch** for **Muscles** on **Front** of **Page**

urethrovaginalis/urethrae sphincter - from pubic ramus & transverse perineal ligament back around urethra
intrinsic tongue, superior longitudinal fibers - from back top tongue area toward front top tongue area
flexor digitorum profundus - from upper medial to a bit lower lateral ulna + membrane to Mc DP2-5 bases
scalene, anterior - from C3-6 transverse processes to rib 1 medial to scalene, middle
adductor longus
adductor brevis - from center of anterior upper inferior pubic ramus to upper femur as long band above **^**

deep transverse perineal - from along side of vagina to inferior ischial ramus
intrinsic tongue, vertical/transverse fibers - from bottom to top inner tongue, probably front to back in 24 hrs.
flexor pollicis longus - from Mc DP1 front base to lower radius on up to upper lateral interosseous membrane
scalene, middle - from rib 1, just previous to passage of scalene posterior, to C7-2 transverse processes
pectineus - as short band from posterior upper close-to-medial femur to superior pubic ramus

compressor urethrae - from area of transverse perineal ligament in front of urethra toward ischial tuberosity
intrinsic tongue, inferior longitudinal fibers - from back bottom tongue area toward front bottom tongue area
flexor digitorum superficialis - from medial epicondyle of humerus & middle anterior radius to sides of **v**
scalene, posterior - from C4-6 transverse processes to most lateral aspect of rib 2
Mc MP2-5 bases
adductor longus - from ant. top medial pubic body to band along post. medial-to-center mid-to-lower femur

^ & ^^ **:** ^ is Part 2's "Inroad Channel" (= Center of Gravity) & ^^ is the "Resulting Structure" (= Day's Bone +)

***Exit correspondents associated with Day 1, Day 2 & Day 3 structures are shown below**						**** Exits**
8:52a - 11:16a **|** Eye part 1 **|**	Tonsils	Kidney	LLS 4, p.1	RLS 7, p.1	RLS10,p.1	Urethra
11:16a - 4:04p **|** Eye part 2 **|**	Iliac Artery	Gallbladder	part 2	part 2	part 2	Armpits
4:04p - 12:52a **|** Eye part 3 **|**	Gonads	Duodenum	part 3	part 3	part 3	Nipples
12:52a - 7:16a **|** Eye part 4 **|**	Cerebellum 6	Liver	part 4	part 4	part 4	Anus
7:16a - 8:04a **|** Eye part 5 **|**	Cerebrum 24	4th Ventricle	part 5	part 5	part 5	Eye
8:04a - 8:52a **|** Eye part 6 **|**	Cranial nerve XII	Nerve S3	part 6	part 6	part 6	Vagina

***** That which is formed is that which is needed to serve in altering organism structures to allow the organism to continually change to accord itself to its constantly altering universe.**

8:52 a.m. 7/2/1939 HUMAN as Bob or Pendulum from Crista Galli as Hook or Pivot for 2/22 - 2/24/2015

DAY 1 BOB HOOK COMPLEX is ETHMOID+LAT.MT SS/Sphenoid BONE with breath through Nasolacrimal Duct (N.D.) & Superior Lacrimal Canaliculus to activate the Inferior Sagittal Sinus thereby arranging POSTCENTRAL GYRUS to align LOWER LAYER, SECONDARY OLFACTORY SYSTEM to form Lens, "muscles" are the lower, medial quadrant 3-member set (61-63) of 3 equatorial zonular fibers per set.

DAY 2 BOB-A is TEMPORAL/Fibula BONE with 2nd component of breath through N.D. & Inferior Lacrimal Canaliculus to activate Cavernous Sinus 6 thereby arranging ACCESSORY NERVE (C.N. XI) to continue proper gyrus function, muscles are the dilator, sphincter and orbitalis of the eye.

DAY 3 BOB HOOK COMPLEX AID (BOB-A) is Temporal/FIBULA BONE with 3rd component of breath through Nasal Meatuses to activate Ethmoid Cells thereby arranging SPINAL NERVE 21 (L5 Spinal Nerve) to continue proper gyrus function, muscles are as shown.

In order for the above described Bob Hook Complex to approach optimal function, there can be no mis-alignment of its associated bone, muscle and organ structures. In the lower set of boxed columns below, preceded in the upper set by the enabling breath tracts, and aligned to the 6 spectral energy time intervals in 24 hours at left, are the 6 spectral energy associated structures as correlated with each numbered bone further below in the dated boxes. The 3 dated boxes then show the associated bone scaffold for Fibula with the muscles for each bone of the scaffold changing through the 3 dates to provide on-going bone adjustment.

TIME INTERVALS corresponding to the 6 periods in 24 hours in which energy need evolved from possible available ranges of spectral energy from radio to gamma rays:	1 Breath thru nasolacrimal duct into inferior lacrimal canaliculus to activate cavernous sinus 6 & Eye Apparatus:	2 Breath through nasal meatuses to activate ethmoid cells and the	3 Breath through Eustacean tube to activate cochlea's inner hair cells and the	4 Breath through inferior nasal meatus & incisive canal to activate LLS 4:	5 Breath through middle nasal meatus & incisive canal to activate RLS 7:	6 Breath through superior nasal meatus & incisive canal to activate RLS 10:	EXIT ROUTES for unincor-porated wave lengths of spectral energy:
8:52am-11:16am >	Part 1 <lymph>	Tonsils 1, 2, 3 *	Kidney	Part 1	Part 1	Part 1	urethra
11:16am-4:04pm >	Part 2 <blood>	Iliac Artery	Gallbladder	Part 2	Part 2	Part 2	armpits
4:04pm-12:52am >	Part 3<hormone>	Gonads	Duodenum	Part 3	Part 3	Part 3	nipples
12:52am-7:16am >	Part 4 <DNA>	Cerebellum 6	Liver	Part 4	Part 4	Part 4	anus
7:16am-8:04am >	Part 5 <RNA>	Cerebrum 21	4th Ventricle	Part 5	Part 5	Part 5	eye
8:04am-8:52am >	Part 6 <protein>	Cranial Nerve XI	Nerve L5	Part 6	Part 6	Part 6	vagina

2/22/2015 DAY 1 BOB HOOK COMPLEX above is altered in connection with Bob Center, Upper Central Incisor (by way of balanced, full Mt Ss 1), through aegis of the Postcentral Gyrus.

Associated bones/muscles are (1) Temporal Bone - eye's dilator muscle
(2) Fibula - sternocleidomastoid, sternal head

(3) L5
sternothyroid

(4) Mc MP3
biceps brachii, short head

(5) T11
omohyoid, superior belly

(6) Mt MP3
tibialis anterior

2/23/2015 Day 2 Bob-A below is altered in connection with Bob Center, Parietal Bone's overseen Series of Soft Tissue Structure (by way of Frontal Sinus) in conjunction with Cranial Nerve XI (Accessory).

DAY 2 BOB-A > (1) TEMPORAL BONE - eye's sphincter muscle
Associated bones/muscles are (2) Fibula - pyramidalis

(3) L5
sternohyoid

(4) Mc MP3
anconeus

(5) T11 *
subclavius

(6) Mt MP3
flexor hallucis brevis, both heads

Day 1 Tonsil is Lingual
Day 2 Tonsil is Pharyngeal
Day 3 Tonsil is Palatine

2/24/2015 Day 3 Bob Hook Complex Aid (Bob-A) below is altered in connection with Bob Center,

DAY 3 BOB-A > (1) Temporal Bone - eye's orbitalis muscle
(2) FIBULA - sternocleidomastoid, clavicular head

Vagus Nerve.

(3) L5
thyrohyoid

(4) Mc MP3
biceps brachii, long head

(5) T11
omohyoid, inferior belly

(6) Mt MP3
tibialis posterior

PROCESS FOR ALTERING STRUCTURES
with the following occurances proposed as associated with progress toward optimal functioning

Read boxes from left to right	**Inhalation along given tracts "to" given structures,**	**Likely causes (1) eye tracts to receive spectral energy (with surrogate aid from 6 Exit correspondents*) & intake into**	**And (2) pressure (for alteration) on**	**Exhalation with no collapse of breath tract & structures,**	**Causes (1) pressure (for alteration) on**	**And (2)**	**And (3)**
Day 1 ^ = * see page bottom for each	Superior lacrimal canaliculi "to" Inferior sagittal sinuses**,**	Upper central incisors ^	Lateral sesamoid of Mt Ss 1s^^ as well as Postcentral gyri ^^**;** & Postcentral gyri ^^**,**	Sup. lac. can. & Inf. sag. si. & 6 Exit correspondents* & Upper central incisors ^ & Lateral sesamoid of Mt Ss 1s ^^	Upper central incisors ^ **And intake into** Lateral sesamoid of Mt Ss 1s^^ as well as Postcentral gyri ^^	Breath "to" Inferior sagittal sinuses to disperse to receiving structures of the brain to serve during inhalation	Exhalation pressure brought to bear on 6 Exit correspondents* to precipitate that which*** will serve possible surrogate, specifically needed spectral energy roles during inhalation**;** unused "spectral energy" pressure of the breath cycle disperses to Exits**.
Day 2 ^ = * see below for each	Inferior lacrimal canaliculi "to" Cavernous sinuses 6**,** (+ CN XI - Accessory)	As above but for the Thymus, celiac trunk, suprarenal glands + 3 others ^	As above but for the Temporal bones ^^**;**	Inf. lac. can. & Cavernous sinuses 6 & 6 Exit correspondents* & Thymus, etc.^ & Temporal bones ^^**,**	Thymus, celiac trunk, suprarenal glands, etc.^ (+ CN XI) **& intake into** Temporal bones ^^	Breath "to" Cavernous sinuses 6 to disperse to receiving structures of the brain	As above
Day 3 ^ = * see below	Nasal meatuses "to" Ethmoid cells	As above but for the Vagus nerve^	As above but for the Fibulas ^^**;**	Ethmoid cells & 6 Exit correspondents* & Vagus nerve ^ Fibulas ^^**,**	Vagus nerve^ **And intake into** Fibulas ^^	Breath "to" Ethmoid cells to disperse to receiving destinations	As above

Note: Maintain alignment of L5**/**pisiform, McSs2**/**incus, McSs1**/**hyoid, MtSs1**/**patella.

v = down arrow **Direction** of **Stretch** for **Muscles** on **Front** of **Page** ~ (from below) medial Cuneiform Medial & Mt 1 base

sternocleidomastoid, sternal head - from upper anterior manubrium to mastoid process & superior nuchal line
sternothyroid - from upper posterior manubrium up to thyroid cartilage's oblique line along its lamina
biceps brachii, short head - from front border of scapula's coracoid process to radial tuberosoity (see below)
omohyoid, superior belly - from medial greater horn of hyoid bone down to intermediate tendon (see below)
tibialis anterior - from upper 1/2 anterior lateral tibia & adjoining interosseous membrane to posterior (~above)

pyramidalis - from anterior pubis slightly obliquely inward and up to a small lowest section of linea alba
sternohyoid - from body of hyoid bone down to posterior manubrium and adjacent end of clavicle
anconeus - from ulna's upper posterior lateral side & lateral olecranon to posterior lateral epicondyle of **v** humerus
subclavius - from bottom of middle of clavicle in to junction of 1st rib with its cartilage
flexor hallucis brevis, both heads - from Mt PP1 plantar base sides (& MtSs1s) to tibialis posterior tendon,etc.

sternocleidomastoid, clavicular head - from medial, upper clavicle to mastoid process & superior nuchal line
thyrohyoid - from thyroid cartilage's oblique line along its lamina up to bottom of hyoid bone's greater horn
biceps brachii, long head - from scapula's supraglenoid tubercle to radial tuberosity near top inside of radius
omohyoid, inferior belly - from scapula's top lateral border to intermediate tendon front of internal jugular vein
tibialis posterior - from upper 1/2 posterior tibia & fibula to posterior navicular, 3 cuneiforms & Mt 2-4 bases

^ & ^^ **:** ^ is Part 2's "Inroad Channel" (= Center of Gravity) & ^^ is the "Resulting Structure" (= Day's "Bone")

***Exit correspondents associated with Day 1, Day 2 & Day 3 structures are shown below**						**** Exits**
8:52a - 11:16a **|** Eye part 1 **|**	Tonsils	Kidney	LLS 4, p.1	RLS 7, p.1	RLS 10,p.1	Urethra
11:16a - 4:04p **|** Eye part 2 **|**	Iliac Artery	Gallbladder	part 2	part 2	part 2	Armpits
4:04p - 12:52a **|** Eye part 3 **|**	Gonads	Duodenum	part 3	part 3	part 3	Nipples
12:52a - 7:16a **|** Eye part 4 **|**	Cerebellum 6	Liver	part 4	part 4	part 4	Anus
7:16a - 8:04a **|** Eye part 5 **|**	Cerebrum 21	4th Ventricle	part 5	part 5	part 5	Eye
8:04a - 8:52a **|** Eye part 6 **|**	Cranial nerve XI	Nerve L5	part 6	part 6	part 6	Vagina

***** That which is formed is that which is needed to serve in altering organism structures to allow the organism to continually change to accord itself to its constantly altering universe.**

8:52 a.m. 7/2/1939 HUMAN as Bob or Pendulum from Crista Galli as Hook or Pivot for 2/25 - 2/27/2015

DAY 1 BOB HOOK COMPLEX is Ethmoid/SPHENOID+MED.MT SS BONE with breath through Nasolacrimal Duct (N.D.) & Superior Lacrimal Canaliculus to activate the Inferior Sagittal Sinus thereby arranging PRECENTRAL GYRUS to align LOWER LAYER, SECONDARY OLFACTORY SYSTEM to form Lens, "muscles" are the lower, medial quadrant 3-member set (64-66) of 3 equatorial zonular fibers per set.

DAY 2 BOB-A is ZYGOMATIC/Patella BONE with 2nd component of breath through Nasolacrimal Duct & Inferior Lacrimal Canaliculus to activate Cavernous Sinus 6 thus arranging HYPOGLOSSAL NERVE (C.N. XII) to continue proper gyrus function, muscles are the dilator, sphincter and orbitalis of the eye.

DAY 3 BOB HOOK COMPLEX AID (BOB-A) is Zygomatic/PATELLA BONE with 3rd component of breath through Nasal Meatuses to activate Ethmoid Cells thereby arranging SPINAL NERVE 22 (S1 of Sacral Plexis) to continue proper gyrus function, muscles are as shown.

In order for the above described Bob Hook Complex to approach optimal function, there can be no mis-alignment of its associated bone, muscle and organ structures. In the lower set of boxed columns below, preceded in the upper set by the enabling breath tracts, and aligned to the 6 spectral energy time intervals in 24 hours at left, are the 6 spectral energy associated structures as correlated with each numbered bone further below in the dated boxes. The 3 dated boxes then show the associated bone scaffold for Patella with the muscles for each bone of the scaffold changing through the 3 dates to provide on-going bone adjustment.

TIME INTERVALS corresponding to the 6 periods in 24 hours in which energy need evolved from possible available ranges of spectral energy from radio to gamma rays:	1 Breath thru nasolacrimal duct into inferior lacrimal canaliculus to activate cavernous sinus 6 & Eye Apparatus:	2 Breath through nasal meatuses to activate ethmoid cells and the	3 Breath through Eustacean tube to activate cochlea's inner hair cells and the	4 Breath through inferior nasal meatus & incisive canal to activate LLS 4:	5 Breath through middle nasal meatus & incisive canal to activate RLS 7:	6 Breath through superior nasal meatus & incisive canal to activate RLS 10:	EXIT ROUTES for unincor-porated wave lengths of spectral energy:
8:52am-11:16am >	Part 1 <lymph>	Tonsils 1, 2, 3 *	Kidney	Part 1	Part 1	Part 1	urethra
11:16am-4:04pm >	Part 2 <blood>	Iliac Artery	Gallbladder	Part 2	Part 2	Part 2	armpits
4:04pm-12:52am >	Part 3<hormone>	Gonads	Duodenum	Part 3	Part 3	Part 3	nipples
12:52am-7:16am >	Part 4 <DNA>	Cerebellum 6	Liver	Part 4	Part 4	Part 4	anus
7:16am-8:04am >	Part 5 <RNA>	Cerebrum 22	4th Ventricle	Part 5	Part 5	Part 5	eye
8:04am-8:52am >	Part 6 <protein>	Cranial Nerve XII	Nerve S1	Part 6	Part 6	Part 6	vagina

2/25/2015 DAY 1 BOB HOOK COMPLEX above is altered in connection with Bob Center, Lower Central Incisor (by way of balanced, full Mt Ss 1), through aegis of the Precentral Gyrus.

Associated bones/muscles are (1) Zygomatic Bone - eye's dilator muscle
(2) Patella - internal intercostal

(3) Mc Ss 2
diaphragm, anterior costal part

(4) Mc PP1
supinator

(5) Rib 11
geniohyoid

(6) Mt PP1
fibularis brevis

2/26/2015 Day 2 Bob Hook Complex Aid (Bob-A) below is altered in connection with Bob Center, L4 (by way of Frontal Sinus), in conjunction with Cranial Nerve XII (Hypoglossal).

DAY 2 BOB-A > (1) ZYGOMATIC BONE - eye's sphincter muscle
Associated bones/muscles are (2) Patella - innermost intercostal

(3) Mc Ss 2
diaphragm, sternal part

(4) Mc PP1
pronator quadratus

(5) Rib 11 *
mylohyoid

(6) Mt PP1
flexor hallucis longus

Day 1 Tonsil is Lingual
Day 2 Tonsil is Pharyngeal
Day 3 Tonsil is Palatine

2/27/2015 Day 3 Bob-A below is altered in connection with Bob Center, Temporal Bone's Tonsils.

(1) Zygomatic Bone - eye's orbitalis muscle
DAY 3 BOB-A > (2) PATELLA - external intercostal

(3) Mc Ss 2
diaphragm, posterior lumbar & crus part

(4) Mc PP1
pronator teres

(5) Rib 11
stylohyoid

(6) Mt PP1
fibularis longus

PROCESS FOR ALTERING STRUCTURES
with the following occurances proposed as associated with progress toward optimal functioning

Read boxes from left to right	**Inhalation along given tracts "to" given structures,**	**Likely causes (1) eye tracts to receive spectral energy (with surrogate aid from 6 Exit correspondents*) & intake into**	**And (2) pressure (for alteration) on**	**Exhalation with no collapse of breath tract & structures,**	**Causes (1) pressure (for alteration) on**	**And (2)**	**And (3)**
Day 1 ^ = * see page bottom for each	Superior lacrimal canaliculi "to" Inferior sagittal sinuses**,**	Lower central incisors ^	Medial sesamoid of Mt Ss 1s^^ as well as Precentral gyri ^^**;** & Precentral gyri ^^**,**	Sup. lac. can. & Inf. sag. si. & 6 Exit correspondents* & Lower central incisors ^ & Medial sesamoid of Mt Ss 1s ^^	Lower central incisors ^ **And intake into** Medial sesamoid of Mt Ss 1s^^ as well as Precentral gyri ^^	Breath "to" Inferior sagittal sinuses to disperse to receiving structures of the brain to serve during inhalation	Exhalation pressure brought to bear on 6 Exit correspondents* to precipitate that which*** will serve possible surrogate, specifically needed spectral energy roles during inhalation**;** unused "spectral energy" pressure of the breath cycle disperses to Exits**.
Day 2 ^ = * see below for each	Inferior lacrimal canaliculi "to" Cavernous sinuses 6**,**	As above but for L4 ^ (+ CN XII, i.e. Cranial nerve XII, Hypoglossal)	As above but for the Zygomatic bones ^^**;**	Inf. lac. can. & Cavernous sinuses 6 & 6 Exit correspondents* & L4^ (+ CN XII) & Zygomatic bones ^^**,**	L4 ^ (+ CN XII) **And intake into** Zygomatic bones ^^	Breath "to" Cavernous sinuses 6 to disperse to receiving structures of the brain	As above
Day 3 ^ = * see below	Nasal meatuses "to" Ethmoid cells	As above but for the Temporal bones' tonsils ^ & Patellas ^^**,**	As above but for the Patellas ^^**;**	Ethmoid cells & 6 Exit correspondents* & Temporal bones' tonsils ^	Temporal bones' tonsils ^ **& intake into** Patellas ^^	Breath "to" Ethmoid cells to disperse to receiving destinations	As above

Note: Maintain alignment of L5**/**pisiform, McSs2**/**incus, McSs1**/**hyoid, MtSs1**/**patella.

^ / v = up / down arrows **Direction** of **Stretch** for **Muscles** on **Front** of **Page**

internal intercostal - from rib above, rearward to rib below, fiber progression in 24 hrs. from sternum area around to rib angles **^**
diaphragm, anterior costal part - from inside surface of ribs 12-6 front portion & costal cartilages into central **v**
supinator - from top lateral ulna around radius back to its top front & humerus lateral epicondyle tendon
geniohyoid - from mental spines of posterior central inferior mandible to along median raphe back to **v**
fibularis brevis - from lateral lower portion of fibula to lateral Mt 5 base anterior body of hyoid

innermost intercostal - from rib below, frontward to rib above, in 24 h. from rib angles to costal cartilage area
diaphragm, sternal part - from most anterior central tendon down to posterior xiphoid process
pronator quadratus - wide band from bottom portion of anterior lateral radius up to same of medial ulna
mylohyoid - from along body of hyoid top, then median raphe to mylohyoid line of posterior body of mandible
flexor hallucis longus - from Mt DP1 plantar base medially around heel to central portion of posterior fibula

external intercostal - from rib above, frontward to rib below, in 24 hrs. from costal cartilages to near spine
diaphragm, lumbar & crus part - from arcuate ligaments/upper lumbar vertebrae fronts into posterior central **v**
pronator teres - from anterior humerus medial epicondyle and ulna top to lateral mid-radius tendon
stylohyoid - from styloid process to body of hyoid near its greater horn cuneiform medial
fibularis longus - from head & upper lateral 1/2 of fibula to lateral posterior Mt 1 base and adjoining **^**

^ & ^^ : ^ is Part 2's "Inroad Channel" (= Center of Gravity) & ^^ is the "Resulting Structure" (= Day's "Bone")

***Exit correspondents associated with Day 1, Day 2 & Day 3 structures are shown below**						**** Exits**
8:52a - 11:16a **|** Eye part 1 **|**	Tonsils	Kidney	LLS 4, p.1	RLS 7, p.1	RLS 10,p.1	Urethra
11:16a - 4:04p **|** Eye part 2 **|**	Iliac Artery	Gallbladder	part 2	part 2	part 2	Armpits
4:04p - 12:52a **|** Eye part 3 **|**	Gonads	Duodenum	part 3	part 3	part 3	Nipples
12:52a - 7:16a **|** Eye part 4 **|**	Cerebellum 6	Liver	part 4	part 4	part 4	Anus
7:16a - 8:04a **|** Eye part 5 **|**	Cerebrum 22	4th Ventricle	part 5	part 5	part 5	Eye
8:04a - 8:52a **|** Eye part 6 **|**	Cranial nerve XII	Nerve S1	part 6	part 6	part 6	Vagina

***** That which is formed is that which is needed to serve in altering organism structures to allow the organism to continually change to accord itself to its constantly altering universe.**

8:52 a.m. 7/2/1939 HUMAN as Bob or Pendulum from Crista Galli as Hook or Pivot for 2/28 - 3/2/2015

DAY 1 BOB HOOK COMPLEX is ETHMOID+BODYof MANDIBLE/Sphenoid BONE with breath through Nasocrimal Duct (N.D.) & Superior Lacrimal Canaliculus to activate the Inferior Sagittal Sinus thereby arranging MIDDLE FRONTAL GYRUS to align TASTE BUD SYSTEM to form Lens,
"muscles" are the lower, medial quadrant 3-member set (67-69) of 3 equatorial zonular fibers per set.

DAY 2 BOB-A is TEMPORAL/Calcaneus BONE with 2nd component of breath through N.D. & Inferior Lacrimal Canaliculus to activate Cavernous Sinus 6 thereby arranging ACCESSORY NERVE (C.N. XI) to continue proper gyrus function, muscles are the dilator, sphincter and orbitalis of the eye.

DAY 3 BOB HOOK COMPLEX AID (BOB-A) is Temporal/CALCANEUS BONE with 3rd component of breath through Nasal Meatuses to activate Ethmoid Cells thereby arranging SPINAL NERVE 23 (S2 of Sacral Plexis) to continue proper gyrus function, muscles are as shown.

In order for the above described Bob Hook Complex to approach optimal function, there can be no mis-alignment of its associated bone, muscle and organ structures. In the lower set of boxed columns below, preceded in the upper set by the enabling breath tracts, and aligned to the 6 spectral energy time intervals in 24 hours at left, are the 6 spectral energy associated structures as correlated with each numbered bone further below in the dated boxes. The 3 dated boxes then show the associated bone scaffold for Calcaneus with the muscles for each bone of the scaffold changing through the 3 dates to provide on-going bone adjustment.

TIME INTERVALS corresponding to the 6 periods in 24 hours in which energy need evolved from possible available ranges of spectral energy from radio to gamma rays:	1 Breath thru nasolacrimal duct into inferior lacrimal canaliculus to activate cavernous sinus 6 & Eye Apparatus:	2 Breath through nasal meatuses to activate ethmoid cells and the	3 Breath through Eustacean tube to activate cochlea's inner hair cells and the	4 Breath through inferior nasal meatus & incisive canal to activate LLS 4:	5 Breath through middle nasal meatus & incisive canal to activate RLS 7:	6 Breath through superior nasal meatus & incisive canal to activate RLS 10:	EXIT ROUTES for unincorporated wave lengths of spectral energy:
8:52am-11:16am >	Part 1 <lymph>	Tonsils 1, 2, 3 *	Kidney	Part 1	Part 1	Part 1	urethra
11:16am-4:04pm >	Part 2 <blood>	Iliac Artery	Gallbladder	Part 2	Part 2	Part 2	armpits
4:04pm-12:52am >	Part 3<hormone>	Gonads	Duodenum	Part 3	Part 3	Part 3	nipples
12:52am-7:16am >	Part 4 <DNA>	Cerebellum 6	Liver	Part 4	Part 4	Part 4	anus
7:16am-8:04am >	Part 5 <RNA>	Cerebrum 23	4th Ventricle	Part 5	Part 5	Part 5	eye
8:04am-8:52am >	Part 6 <protein>	Cranial Nerve XI	Nerve S2	Part 6	Part 6	Part 6	vagina

2/28/2015 DAY 1 BOB HOOK COMPLEX above is altered in connection with Bob Center, Medial Sesamoid of Mc Ss 1 (by way of balanced, full McSs1), through aegis of Middle Frontal Gyrus.

Associated bones/muscles are (1) Temporal Bone - eye's dilator muscle
(2) Calcaneus - bulbocavernosus

(3) Mc Ss 1
genioglossus, horizontal fibers

(4) Mc DP3
extensor digitorum

(5) T12 *
palatoglossus

(6) Mt DP3
tensor fasciae latae

Day 1 Tonsil is Lingual
Day 2 Tonsil is Pharyngeal
Day 3 Tonsil is Palatine

3/1/2015 Day 2 Bob-A below is altered in connection with Bob Center, Parietal Bone's overseen Series of Soft Tissue Structure (by way of Frontal Sinus) in conjunction with Cranial Nerve XI (Accessory).

DAY 2 BOB-A > (1) TEMPORAL BONE - eye's sphincter muscle
Associated bones/muscles are (2) Calcaneus - superficial transverse perineal

(3) Mc Ss 1
genioglossus, oblique fibers

(4) Mc DP3
extensor carpi ulnaris

(5) T12
hyoglossus

(6) Mt DP3
sartorius

3/2/2015 Day 3 Bob Hook Complex Aid (Bob-A) below is altered in connection with Bob Center,

(1) Temporal Bone - eye's orbitalis muscle
DAY 3 BOB-A > (2) CALCANEUS - ischiocavernosus

Temporal Bone's Iliac Artery.

(3) Mc Ss 1
genioglossus, vertical fibers

(4) Mc DP3
extensor digiti minimi

(5) T12
styloglossus

(6) Mt DP3
rectus femoris

PROCESS FOR ALTERING STRUCTURES
with the following occurances proposed as associated with progress toward optimal functioning

Read boxes from left to right	**Inhalation along given tracts "to" given structures,**	**Likely causes (1) eye tracts to receive spectral energy (with surrogate aid from 6 Exit correspondents*) & intake into**	**And (2) pressure (for alteration) on**	**Exhalation with no collapse of breath tract & structures,**	**Causes (1) pressure (for alteration) on**	**And (2)**	**And (3)**
Day 1 ^ = * see page bottom for each	Superior lacrimal canaliculi "to" Inferior sagittal sinuses,	Medial sesamoid of Mc Ss 1s ^	Body of mandible^^ as well as Middle frontal gyri ^^; Body of mandible ^^ & Middle frontal gyri ^^,	Sup. lac. can. & Inf. sag. si. & 6 Exit correspondents* & Medial sesamoid of Mc Ss 1s ^ &	Medial sesamoid of Mc Ss 1s ^ **And intake into** Body of mandible ^^ as well as Middle frontal gyri ^^	Breath "to" Inferior sagittal sinuses to disperse to receiving structures of the brain to serve during inhalation	Exhalation pressure brought to bear on 6 Exit correspondents* to precipitate that which*** will serve possible surrogate, specifically needed spectral energy roles during inhalation; unused "spectral energy" pressure of the breath cycle disperses to Exits**.
Day 2 ^ = * see below for each	Inferior lacrimal canaliculi "to" Cavernous sinuses 6, (+ CN XI - Accessory)	As above but for the Thymus, celiac trunk, suprarenal glands + 3 others ^	As above but for the Temporal bones ^^;	Inf. lac. can. & Cavernous sinuses 6 & 6 Exit correspondents* & Thymus, etc.^ & Temporal bones ^^,	Thymus, celiac trunk, suprarenal glands, etc.^ (+ CN XI) **& intake into** Temporal bones ^^	Breath "to" Cavernous sinuses 6 to disperse to receiving structures of the brain	As above
Day 3 ^ = * see below	Nasal meatuses "to" Ethmoid cells	As above but for the Temporal bones' iliac arteries ^ bones' iliac arteries ^ & Calcanei ^^,	As above but for the Calcanei^^;	Ethmoid cells & 6 Exit correspondents* & Temporal	Temporal bones' iliac arteries ^ **& intake into** Calcanei ^^	Breath "to" Ethmoid cells to disperse to receiving destinations	As above

Note: Maintain alignment of L5**/**pisiform, McSs2**/**incus, McSs1**/**hyoid, MtSs1**/**patella.

^/v = up/down arrows **Direction** of **Stretch** for **Muscles** on **Front** of **Page**

bulbocavernosus - from perineal area between vagina & anus to area of clitoris | tonsil & body of hyoid
genioglossus, horizontal fibers - fanning from central lower posterior mandible to back tongue, lingual **^**
extensor digitorum - from lateral epicondyle of humerus into tendons to posterior bases of Mc MP & DP2-5
palatoglossus - from oral side of soft palate to side of tongue toward back, forming the palatoglossal arch
tensor fasciae latae - from iliac crest outer lip (above sartorius) to tibia's lateral epicondyle & iliotibial tract

superficial transverse perineal - from center between vagina and anus to medial, anterior ischial tuberosity
genioglossus, oblique fibers - from mid-to-back under portion of tongue to central mid-posterior mandible
extensor carpi ulnaris - from outside (edge) base of Mc 5 to outside (edge) part of lateral epicondyle of **v**
hyoglossus - from lower side of tongue to length of hyoid's greater horn & lateral body of hyoid | humerus
sartorius- from upper anterior tibia as medial-side band laterally paralleling gracilas/semitendinosus bands **~v**

ischiocavernosus - from ischial tuberosity & ramus toward area of clitoris | ~ to anterior superior iliac spine
genioglossus, vertical fibers - from central upper posterior mandible to front underpart of tongue
extensor digiti minimi - from lateral epicondyle of humerus to join extensor digitorum tendon to Mc DP5
styloglossus - from styloid process to side/bottom of tongue
rectus femoris - from anterior inferior iliac spine & above acetabulum to tendon over patella to tibia tuberosity

^ & ^^ **:** ^ is Part 2's "Inroad Channel" (= Center of Gravity) & ^^ is the "Resulting Structure" (= Day's "Bone")

***Exit correspondents associated with Day 1, Day 2 & Day 3 structures are shown below**						**** Exits**
8:52a - 11:16a **|** Eye part 1 **|**	Tonsils	Kidney	LLS 4, p.1	RLS 7, p.1	RLS10,p.1	Urethra
11:16a - 4:04p **|** Eye part 2 **|**	Iliac Artery	Gallbladder	part 2	part 2	part 2	Armpits
4:04p - 12:52a **|** Eye part 3 **|**	Gonads	Duodenum	part 3	part 3	part 3	Nipples
12:52a - 7:16a **|** Eye part 4 **|**	Cerebellum 6	Liver	part 4	part 4	part 4	Anus
7:16a - 8:04a **|** Eye part 5 **|**	Cerebrum 23	4th Ventricle	part 5	part 5	part 5	Eye
8:04a - 8:52a **|** Eye part 6 **|**	Cranial nerve XI	Nerve S2	part 6	part 6	part 6	Vagina

***** That which is formed is that which is needed to serve in altering organism structures to allow the organism to continually change to accord itself to its constantly altering universe.**

8:52 a.m. 7/2/1939 HUMAN as Bob or Pendulum from Crista Galli as Hook or Pivot for 3/3 - 3/5/2015

DAY 1 BOB HOOK COMPLEX is Ethmoid/SPHENOID+RAMUS OF MANDIBLE BONE with breath through Nasocrimal Duct (N.D.) & Superior Lacrimal Canaliculus to activate the Inferior Sagittal Sinus thereby arranging SUPERIOR FRONTAL GYRUS to align TASTE BUD SYSTEM to form Lens,
"muscles" are the lower, medial quadrant 3-member set (70-72) of 3 equatorial zonular fibers per set.

DAY 2 BOB-A is ZYGOMATIC/Talus BONE with 2nd component of breath through Nasolacrimal Duct & Inferior Lacrimal Canaliculus to activate Cavernous Sinus 6 thus arranging HYPOGLOSSAL NERVE (C.N. XII) to continue proper gyrus function, muscles are the dilator, sphincter and orbitalis of the eye.

DAY 3 BOB HOOK COMPLEX AID (BOB-A) is Zygomatic/TALUS BONE with 3rd component of breath through Nasal Meatuses to activate Ethmoid Cells thereby arranging SPINAL NERVE 24 (S3 of Sacral Plexis) to continue proper gyrus function, muscles are as shown.

In order for the above described Bob Hook Complex to approach optimal function, there can be no mis-alignment of its associated bone, muscle and organ structures. In the lower set of boxed columns below, preceded in the upper set by the enabling breath tracts, and aligned to the 6 spectral energy time intervals in 24 hours at left, are the 6 spectral energy associated structures as correlated with each numbered bone further below in the dated boxes. The 3 dated boxes then show the associated bone scaffold for Talus with the muscles for each bone of the scaffold changing through the 3 dates to provide on-going bone adjustment.

TIME INTERVALS corresponding to the 6 periods in 24 hours in which energy need evolved from possible available ranges of spectral energy from radio to gamma rays:	**1** Breath thru nasolacrimal duct into inferior lacrimal canaliculus to activate cavernous sinus 6 & Eye Apparatus:	**2** Breath through nasal meatuses to activate ethmoid cells and the	**3** Breath through Eustacean tube to activate cochlea's inner hair cells and the	**4** Breath through inferior nasal meatus & incisive canal to activate LLS 4:	**5** Breath through middle nasal meatus & incisive canal to activate RLS 7:	**6** Breath through superior nasal meatus & incisive canal to activate RLS 10:	**EXIT ROUTES** for unincor-porated wave lengths of spectral energy:
8:52am-11:16am >	Part 1 <lymph>	Tonsils 1, 2, 3 *	Kidney	Part 1	Part 1	Part 1	urethra
11:16am-4:04pm >	Part 2 <blood>	Iliac Artery	Gallbladder	Part 2	Part 2	Part 2	armpits
4:04pm-12:36am >	Part 3<hormone>	Gonads	Duodenum	Part 3	Part 3	Part 3	nipples
4:04pm-12:52am >	Part 4 <DNA>	Cerebellum 6	Liver	Part 4	Part 4	Part 4	anus
12:52am-7:16am >	Part 5 <RNA>	Cerebrum 24	4th Ventricle	Part 5	Part 5	Part 5	eye
8:04am-8:52am >	Part 6 <protein>	Cranial Nerve XII	Nerve S3	Part 6	Part 6	Part 6	vagina

3/3/2015 DAY 1 BOB HOOK COMPLEX above is altered in connection with Bob Center, Mc Ss 2 (by way of balanced, full Mc Ss 1), through aegis of the Superior Frontal Gyrus.

Associated bones/muscles are (1) Zygomatic Bone - eye's dilator muscle
(2) Talus - urethrovaginalis/urethrae sphincter

(3) Mt Ss 1
intrinsic tongue, superior longitudinal fibers

(4) Mc DP1
flexor digitorum profundus

(5) Rib 12
scalene, anterior

(6) Mt DP1
adductor brevis

3/4/2015 Day 2 Bob Hook Complex Aid below is altered in connection with Bob Center, L4 (by way of Frontal Sinus), in conjunction with Cranial Nerve XII (Hypoglossal).

DAY 2 BOB-A > (1) ZYGOMATIC BONE - eye's sphincter muscle
Associated bones/muscles are (2) Talus - deep transverse perineal

(3) Mt Ss 1
intrinsic tongue, vertical & transverse fibers

(4) Mc DP1
flexor pollicis longus

(5) Rib 12 *
scalene, middle

(6) Mt DP1
pectineus

Day 1 Tonsil is Lingual
Day 2 Tonsil is Pharyngeal
Day 3 Tonsil is Palatine

3/5/2015 Day 3 Bob Hook Complex Aid (Bob-A) below is altered in connection with Bob Center,

DAY 3 BOB-A > (1) Zygomatic Bone - eye's orbitalis muscle
(2) TALUS - compressor urethrae

Temporal Bone's Gonads.

(3) Mt Ss 1
intrinsic tongue, inferior longitudinal fibers

(4) Mc DP1
flexor digitorum superficialis

(5) Rib 12
scalene, posterior

(6) Mt DP1
adductor longus

PROCESS FOR ALTERING STRUCTURES
with the following occurances proposed as associated with progress toward optimal functioning

Read boxes from left to right	**Inhalation along given tracts "to" given structures,**	**Likely causes (1) eye tracts to receive spectral energy (with surrogate aid from 6 Exit correspondents*) & intake into**	**And (2) pressure (for alteration) on**	**Exhalation with no collapse of breath tract & structures,**	**Causes (1) pressure (for alteration) on**	**And (2)**	**And (3)**
Day 1 ^ = * see page bottom for each	Superior lacrimal canaliculi "to" Inferior sagittal sinuses**,**	Mc Ss 2s ^	Rami of mandible^^ as well as Superior frontal gyri ^^ & Superior frontal gyri ^^**,**	Sup. lac. can. & Inferior sagital sinuses & 6 Exit correspondents* & Mc Ss 2s ^ & Rami of mandible ^^	Mc Ss 2s ^ **And intake into** Rami of mandible ^^ as well as Superior frontal gyri ^^	Breath "to" Inferior sagittal sinuses to disperse to receiving structures of the brain to serve during inhalation	Exhalation pressure brought to bear on 6 Exit correspondents* to precipitate that which*** will serve possible surrogate, specifically needed spectral energy roles during inhalation**;** unused "spectral energy" pressure of the breath cycle disperses to Exits**.
Day 2 ^ = * see below for each	Inferior lacrimal canaliculi "to" Cavernous sinuses 6**,**	As above but for L4 ^ (+ CN XII, i.e. Cranial nerve XII, Hypoglossal)	As above but for the Zygomatic bones ^^**;**	Inf. lac. can. & Cavernous sinuses 6 & 6 Exit correspondents* & L4^ (+ CN XII) & Zygomatic bones ^^**,**	L4 ^ (+ CN XII) **And intake into** Zygomatic bones ^^	Breath "to" Cavernous sinuses 6 to disperse to receiving structures of the brain	As above
Day 3 ^ = * see below	Nasal meatuses "to" Ethmoid cells	As above but for the Temporal bones' gonads ^	As above but for the Tali ^^**;**	Ethmoid cells & 6 Exit correspondents* & Temporal bones' gonads ^ & Tali ^^**,**	Temporal bones' gonads ^ **& intake into** Tali ^^	Breath "to" Ethmoid cells to disperse to receiving destinations	As above

Note: Maintain alignment of L5**/**pisiform, McSs2**/**incus, McSs1**/**hyoid, MtSs1**/**patella.

^ / v = down / up arrows **Direction** of **Stretch** for **Muscles** on **Front** of **Page**

urethrovaginalis/urethrae sphincter - from pubic ramus & transverse perineal ligament back around urethra
intrinsic tongue, superior longitudinal fibers - from back top tongue area toward front top tongue area
flexor digitorum profundus - from upper medial to a bit lower lateral ulna + membrane to Mc DP2-5 bases
scalene, anterior - from C3-6 transverse processes to rib 1 medial to scalene, middle
adductor longus
adductor brevis - from center of anterior upper inferior pubic ramus to upper femur as long band above **^**

deep transverse perineal - from along side of vagina to inferior ischial ramus
intrinsic tongue, vertical/transverse fibers - from bottom to top inner tongue, probably front to back in 24 hrs.
flexor pollicis longus - from Mc DP1 front base to lower radius on up to upper lateral interosseous membrane
scalene, middle - from rib 1, just previous to passage of scalene posterior, to C7-2 transverse processes
pectineus - as short band from posterior upper close-to-medial femur to superior pubic ramus

compressor urethrae - from area of transverse perineal ligament in front of urethra toward ischial tuberosity
intrinsic tongue, inferior longitudinal fibers - from back bottom tongue area toward front bottom tongue area
flexor digitorum superficialis - from medial epicondyle of humerus & middle anterior radius to sides of **v**
scalene, posterior - from C4-6 transverse processes to most lateral aspect of rib 2
Mc MP2-5 bases
adductor longus - from ant. top medial pubic body to band along post. medial-to-center mid-to-lower femur

^ & ^^ **:** ^ is Part 2's "Inroad Channel" (= Center of Gravity) & ^^ is the "Resulting Structure" (= Day's "Bone")

***Exit correspondents associated with Day 1, Day 2 & Day 3 structures are shown below**							**** Exits**
8:52a - 11:16a **|** Eye part 1 **|**	Tonsils	Kidney	LLS 4, p.1	RLS 7, p.1	RLS10,p.1	Urethra
11:16a - 4:04p **|** Eye part 2 **|**	Iliac Artery	Gallbladder	part 2	part 2	part 2	Armpits
4:04p - 12:52a **|** Eye part 3 **|**	Gonads	Duodenum	part 3	part 3	part 3	Nipples
12:52a - 7:16a **|** Eye part 4 **|**	Cerebellum 6	Liver	part 4	part 4	part 4	Anus
7:16a - 8:04a **|** Eye part 5 **|**	Cerebrum 24	4th Ventricle	part 5	part 5	part 5	Eye
8:04a - 8:52a **|** Eye part 6 **|**	Cranial nerve XII	Nerve S3	part 6	part 6	part 6	Vagina

***** That which is formed is that which is needed to serve in altering organism structures to allow the organism to continually change to accord itself to its constantly altering universe.**

8:52 a.m. 7/2/1939 HUMAN as Bob or Pendulum from Crista Galli as Hook or Pivot for 3/6 - 3/8/2015

DAY 1 BOB HOOK COMPLEX is ETHMOID/Sphenoid BONE with breath through Nasolacrimal Duct (N.D.) & Superior Lacrimal Canaliculus to activate the Sigmoid/Transverse Sinus thereby arranging the LONG GYRUS to align APPARATUS OF EYE ITSELF to form Lens for spectral energy transmission, "muscles" are the medial-most 3-member set (1-3) of 3 equatorial zonular fibers per set.

DAY 2 BOB-A is LACRIMAL BONE/Xiphoid Process with 2nd component of breath through N.D. & Inferior Lacrimal Canaliculus to activate Cavernous Sinus 1 thereby arranging OLFACTORY NERVE (C.N. I) to continue proper gyrus function, muscles are the dilator, sphincter and orbitalis of the eye.

DAY 3 BOB HOOK COMPLEX AID (BOB-A) is T1/MT 5 with 3rd component of breath through Superior Nasal Meatus & Incisive Canal to activate LLS 7+8 thereby arranging SPINAL NERVE 1 (C5 Spinal Nerve) to continue proper gyrus function, muscles are as shown.

In order for the above described Bob Hook Complex to approach optimal function, there can be no mis-alignment of its associated bone, muscle and organ structures. In the lower set of boxed columns below, preceded in the upper set by the enabling breath tracts, and aligned to the 6 spectral energy time intervals in 24 hours at left, are the 6 spectral energy associated structures as correlated with each numbered bone further below in the dated boxes. The 3 dated boxes then show the associated bone scaffold for Mt 5 with the muscles for each bone of the scaffold changing through the 3 dates to provide on-going bone adjustment.

TIME INTERVALS corresponding to the 6 periods in 24 hours in which energy need evolved from possible available ranges of spectral energy from radio to gamma rays:	1 Breath thru nasolacrimal duct into inferior lacrimal canaliculus to activate cavernous sinus 1 & Eye Apparatus:	2 Breath through frontonasal duct to activate frontal sinus and the	3 Breath through Eustacean tube to activate anterior semicircular duct ampulla and the	4 Breath through inferior nasal meatus & incisive canal to activate RLS 1:	5 Breath through middle nasal meatus & incisive canal to activate RLS 4:	6 Breath through superior nasal meatus & incisive canal to activate LLS 7+8:	EXIT ROUTES for unincor-porated wave lengths of spectral energy:
8:52am-11:16am >	Part 1 <lymph>	Bone Marrow	Kidney	Part 1	Part 1	Part 1	urethra
11:16am-4:04pm >	Part 2 <blood>	Carotid Artery	Gallbladder	Part 2	Part 2	Part 2	armpits
4:04pm-12:52am >	Part 3<hormone>	Pineal Gland	Duodenum	Part 3	Part 3	Part 3	nipples
12:52am-7:16am >	Part 4 <DNA>	Cerebellum 1	Liver	Part 4	Part 4	Part 4	anus
7:16am-8:04am >	Part 5 <RNA>	Cerebrum 1	Lat.Vent., R.F.	Part 5	Part 5	Part 5	eye
8:04am-8:52am >	Part 6 <protein>	Cranial Nerve I	Nerve C5	Part 6	Part 6	Part 6	vagina

3/6/2015 DAY 1 BOB HOOK COMPLEX above (ETHMOID BONE brought forth in forming cerebrum) was originated, & is altered in connection with Bob Center, S3 (by way of ingress of outside environment), through aegis of the Long Gyrus.

Associated bones/muscles are

(1) Lacrical Bone - eye's dilator muscle

(2) Xiphoid Process - ciliaris, longitudinal fibers

(3) C1
ciliaris, longitudinal fibers

(4) Mc 5
ciliaris, longitudinal fibers

(5) T1
ciliaris, longitudinal fibers

(6) Mt 5
ciliaris, longitudinal fibers

3/7/2015 Day 2 Bob Hook Complex Aid (Bob-A) below was originated, and is altered, in connection with Bob Center, the Medial Sesamoid of Mt Ss 1 (by way of balanced, full Mt Ss 1).

DAY 2 BOB-A > Associated bones/muscles are

(1) LACRIMAL BONE - eye's sphincter muscle

(2) Xiphoid Process - ciliaris, circular fibers

(3) C1
ciliaris, circular fibers

(4) Mc 5
ciliaris, circular fibers

(5) T1
ciliaris, circular fibers

(6) Mt 5
ciliaris, circular fibers

3/8/2015 Day 3 Bob Hook Complex Aid (Bob-A) below is altered in connection with Bob Center, the Lower Central Incisor.

(1) Lacrimal Bone - eye's orbitalis muscle

(2) Xiphoid Process - ciliaris, radial fibers

(3) C1
ciliaris, radial fibers

(4) Mc 5
ciliaris, radial fibers

(5) T1
ciliaris, radial fibers

(6) MT 5 > DAY 3 BOB-A
ciliaris, radial fibers

PROCESS FOR ALTERING STRUCTURES (see Text at beginning of Part 5 for elucidation) with the following occurances proposed as associated with progress toward optimal functioning

Read boxes from left to right	Inhalation along given tracts "to" given structures,	Likely causes (1) eye tracts to receive spectral energy (with surrogate aid from 6 Exit correspondents*) & intake into S3 ^	And (2) pressure (for alteration) on	Exhalation with no collapse of breath tract & structures,	Causes (1) pressure (for alteration) on	And (2)	And (3)
Day 1 ^ = * see page bottom for each	Superior lacrimal canaliculi "to" Sigmoid/ transverse sinuses,		Ethmoid bone ^^ (+ cerebrum) & Long gyri ^^;	Sup.lac.can. & Sig./trans. sinuses & 6 Exit correspondents* & S3 ^ & Ethmoid bone ^^ (+ cerebrum) & Long gyri ^^,	**And intake into** Ethmoid bone ^^ (+ cerebrum) & Long gyri ^^	Breath "to" Sigmoid/ transverse sinuses to disperse to receiving structures of the brain to serve during inhalation	Exhalation pressure brought to bear on 6 Exit correspondents* to precipitate that which*** will serve possible surrogate, specifically needed spectral energy roles during inhalation; unused "spectral energy" pressure of the breath cycle disperses to Exits**.
Day 2 ^ = * see below for each	Inferior lacrimal canaliculi "to" Cavernous sinuses 1,	As above but for the Medial sesamoid of Mt Ss 1s ^	As above but for the Lacrimal bones ^^;	Inf. lac. can. & Cavernous sinuses 1 & 6 Exit correspondents* & Medial sesamoid of MtSs1s^ & Lacrimal bones ^^,	Medial sesamoid of Mt Ss 1s ^ **And intake into** Lacrimal bones ^^	Breath "to" Cavernous sinuses 1 to disperse to receiving structures of the brain	As above
Day 3 ^ = * see below	Superior nasal meatus & incisive canal "to" LLS 7+8,	As above but for Lower central incisors ^	As above but for Mt 5s ^^;	Sup. nas. m. & LLS 7+8 & 6 Exit correspondents* & Lower central incisors ^ & Mt 5s ^^,	Lower central incisors ^ **And intake into** Mt 5s ^^	Breath "to" LLS 7+8 to disperse to lung part destinations	As above

Note: Maintain alignment of L5**/**pisiform, McSs2**/**incus, McSs1**/**hyoid, MtSs1**/**patella.

Commentary on the Ciliaris Muscle and Possible Sensation of Directions of Stretch of Its 3 Fibers

Of the 3 layers of the eyeball, the middle one contains the choroid sweeping around the back of the eyeball with the ciliary body and iris forming the front of the layer. The ciliary muscle of the ciliary body brings about the change in the shape of the lens of the eye. For bringing a near object into focus a thicker, more convex lens is required. This thicker, more convex lens is formed by pulling forward the ciliary body and the connecting choroid in order to relieve tension on zonular fibers connecting the ciliary body and the lens. The longitudinal, circular and radial fibers of the ciliaris muscle manipulate the ciliary body. It is possible the addition of all subsequent muscles to the body (as well as other structures) serve ultimately to manipulate the ciliary body to shape the lens while attempting always to align the fovea centralis to the hyaloid canal.

Day 1, Day 2 and Day 3 muscles below each serves on its day for the xiphoid process, C1, Mc 5, T1 & Mt 5.

ciliaris, longitudinal fibers - sensation of fibers curving perpendicularly backward through ciliary body from direction of iris toward choroid starting at top front of ciliary-body part of eyeball and progressing in top-to-bottom rows around eyeball in 24 hours, perpendicularly from direction of iris.

ciliaris, circular fibers - sensation of fibers curving through ciliary body parellel to lens in circular bands from bottom of eyeball to top with band origins progressing from back to front along bottom of ciliary body.

ciliaris, radial fibers - sense of most internal fiber/s curving obliquely from area of last reach of circular fiber (at top front of ciliary-body) ultimately straightening in 24 hours toward top back of eyeball.

^ & ^^ **:** ^ is Part 2's "Inroad Channel" (= Center of Gravity) & ^^ is the "Resulting Structure" (= Day's Bone +)

***Exit correspondents associated with Day 1, Day 2 & Day 3 structures are shown below**						**** Exits**
8:52a - 11:16a **|** Eye part 1 **|**	Bone Marrow	Kidney	RLS 1, p.1	RLS 4, p.1	LLS7+8,p.1	Urethra
11:16a - 4:04p **|** Eye part 2 **|**	Carotid Artery	Gallbladder	part 2	part 2	part 2	Armpits
4:04p - 12:52a **|** Eye part 3 **|**	Pineal Gland	Duodenum	part 3	part 3	part 3	Nipples
12:52a - 7:16a **|** Eye part 4 **|**	Cerebellum 1	Liver	part 4	part 4	part 4	Anus
7:16a - 8:04a **|** Eye part 5 **|**	Cerebrum 1	Lat.Vent., R.F.	part 5	part 5	part 5	Eye
8:04a - 8:52a **|** Eye part 6 **|**	Cranial nerve I	Nerve C5	part 6	part 6	part 6	Vagina

***** Being that which is needed to allow constant organism alteration for constant universe change.**

8:52 a.m. 7/2/1939 HUMAN as Bob or Pendulum from Crista Galli as Hook or Pivot for 3/9 - 3/11/2015

DAY 1 BOB HOOK COMPLEX is Ethmoid/SPHENOID BONE with breath through Nasolacrimal Duct (N.D.) & Superior Lacrimal Canaliculus to activate the Sigmoid/Transverse Sinus thereby arranging the SHORT GYRUS to align APPARATUS OF EYE ITSELF to form Lens for spectral energy transmission, "muscles" are the upper, medial quadrant 3-member set (4-6) of 3 equatorial zonular fibers per set.

DAY 2 BOB HOOK COMPLEX AID is MAXILLA/Sternum BONE with 2nd component of breath through N.D. & Inferior Lacrimal Canaliculus to activate Cavernous Sinus 1 thereby arranging OPTIC NERVE (C.N. II) to continue proper gyrus function, muscles are the dilator, sphincter and orbitalis of the eye.

DAY 3 BOB HOOK COMPLEX AID (BOB-A) is Rib 1/MT 2 with 3rd component of breath through Superior Nasal Meatus & Incisive Canal to activate LLS 7+8 thereby arranging SPINAL NERVE 2 (C6 Spinal Nerve) to continue proper gyrus function, muscles are as shown.

In order for the above described Bob Hook Complex to approach optimal function, there can be no mis-alignment of its associated bone, muscle and organ structures. In the lower set of boxed columns below, preceded in the upper set by the enabling breath tracts, and aligned to the 6 spectral energy time intervals in 24 hours at left, are the 6 spectral energy associated structures as correlated with each numbered bone further below in the dated boxes. The 3 dated boxes then show the associated bone scaffold for Mt 2 with the muscles for each bone of the scaffold changing through the 3 dates to provide on-going bone adjustment.

TIME INTERVALS corresponding to the 6 periods in 24 hours in which energy need evolved from possible available ranges of spectral energy from radio to gamma rays:	**1** Breath thru nasolacrimal duct into inferior lacrimal canaliculus to activate cavernous sinus 1 & Eye Apparatus:	**2** Breath through frontonasal duct to activate frontal sinus and the	**3** Breath through Eustacean tube to activate anterior semicircular duct ampulla and the	**4** Breath through inferior nasal meatus & incisive canal to activate RLS 1:	**5** Breath through middle nasal meatus & incisive canal to activate RLS 4:	**6** Breath through superior nasal meatus & incisive canal to activate LLS 7+8:	**EXIT ROUTES** for unincor-porated wave lengths of spectral energy:
8:52am-11:16am >	Part 1 <lymph>	Bone Marrow	Kidney	Part 1	Part 1	Part 1	urethra
11:16am-4:04pm >	Part 2 <blood>	Carotid Artery	Gallbladder	Part 2	Part 2	Part 2	armpits
4:04pm-12:52am >	Part 3<hormone>	Pineal Gland	Duodenum	Part 3	Part 3	Part 3	nipples
12:52am-7:16am >	Part 4 <DNA>	Cerebellum 1	Liver	Part 4	Part 4	Part 4	anus
7:16am-8:04am >	Part 5 <RNA>	Cerebrum 2	Lat.Vent., R.F.	Part 5	Part 5	Part 5	eye
8:04am-8:52am >	Part 6 <protein>	Cranial Nerve II	Nerve C6	Part 6	Part 6	Part 6	vagina

3/9/2015 DAY 1 BOB HOOK COMPLEX above (SPHENOID BONE brought forth in forming cerebellum) was originated, & is altered, in connection with Bob Center, C5 (by way of ingress of outside environment), through aegis of the Short Gyrus.

Associated bones/muscles are

(1) Maxilla Bone - eye's dilator muscle

(2) Sternum - uterus/scrotum, longitudinal fibers

(3) C2
uterus/scrotum, longitudinal fibers

(4) Mc 2
uterus/scrotum, longitudinal fibers

(5) Rib 1
uterus/scrotum, longitudinal fibers

(6) Mt 2
uterus/scrotum, longitudinal fibers

3/10/2015 Day 2 Bob-A below is altered in connection with Bob Center, L5 (by way of balanced, full Mt Ss 1), bringing forth the Lateral Sesamoid of Mt Ss 1, isolating its Medial Ss & the Lacrimal Bone.

DAY 2 BOB-A > (1) MAXILLA BONE - eye's sphincter muscle

Associated bones/muscles are (2) Sternum - uterus/scrotum, circular fibers

(3) C2
uterus/scrotum, circular fibers

(4) Mc 2
uterus/scrotum, circular fibers

(5) Rib 1
uterus/scrotum, circular fibers

(6) Mt 2
uterus/scrotum, circular fibers

3/11/2015 Day 3 Bob Hook Complex Aid (Bob-A) below is altered in connection with Bob Center, the Upper Central Incisor.

(1) Maxilla Bone - eye's orbitalis muscle

(2) Sternum - uterus/scrotum, radial fibers

(3) C2
uterus/scrotum, radial fibers

(4) Mc 2
uterus/scrotum, radial fibers

(5) Rib 1
uterus/scrotum, radial fibers

(6) MT 2 > DAY 3 BOB-A
uterus/scrotum, radial fibers

PROCESS FOR ALTERING STRUCTURES as associated with progress toward optimal functioning

Read boxes from left to right	Inhalation along given tracts "to" given structures,	Likely causes (1) eye tracts to receive spectral energy (with surrogate aid from 6 Exit correspondents*) & intake into	And (2) pressure (for alteration) on	Exhalation with no collapse of breath tract & structures,	Causes (1) pressure (for alteration) on	And (2)	And (3)
Day 1 ^ = * see page bottom for each	Superior lacrimal canaliculi "to" Sigmoid/ transverse sinuses,	C5 ^	Sphenoid bone ^^ (+ cerebellum) & Short gyri ^^;	Sup.lac.can. & Sig./trans. sinuses & 6 Exit correspondents* & C5 ^ & Sphenoid bone ^^ (+ cerebellum) & Short gyri ^^,	**And intake into** Sphenoid bone ^^ (+ cerebellum) & Short gyri ^^	Breath "to" Sigmoid/ transverse sinuses to disperse to receiving structures of the brain to serve during inhalation	Exhalation pressure brought to bear on 6 Exit correspondents* to precipitate that which*** will serve possible surrogate, specifically needed spectral energy roles during inhalation; unused "spectral energy" pressure of the breath cycle disperses to Exits**.
Day 2 ^ = * see below for each	Inferior lacrimal canaliculi "to" Cavernous sinuses 1,	As above but for L5 ^ + Lateral sesamoid of Mt Ss 1s	As above but for the Maxilla bone ^^;	Inf. lac. can. & Cavernous sinuses 1 & 6 Exit correspondents* & L5 ^ + Lateral sesamoid of MtSs1s & Maxilla bone ^^,	L5 ^ + Lateral sesamoid of Mt Ss 1s **And intake into** Maxilla bone ^^	Breath "to" Cavernous sinuses 1 to disperse to receiving structures of the brain	As above
Day 3 ^ = * see below	Superior nasal meatus & incisive canal "to" LLS 7+8,	As above but for Upper central incisors ^	As above but for Mt 2s ^^;	Sup. nas. m. & LLS 7+8 & 6 Exit correspondents* & Upper central incisors ^ & Mt 2s ^^,	Upper central incisors ^ **And intake into** Mt 2s ^^	Breath "to" LLS 7+8 to disperse to lung part destinations	As above

Commentary on Uterus/Scrotum Muscle & Possible Sensation of Directions of Stretch of Its 3 Fibers

The muscle for the body's second scaffold of bones is either the uterus or the scrotum, the only differently located muscularly developed structures of the body associated with a single bone, with the different locations of the two muscles, which serve the same bone in female and male, perhaps being the source of the differentiation of the sexes. Only the uterus is considered here. It opens into the top of the vagina which extends behind the urethra and the bladder, the latter being at the lower front of the body behind the pubic symphysis. From its opening into the vagina's top, beyond the bladder's top rear, the uterus curves over the bladder toward the body's front. As with the ciliary muscle, there are longitudinal, circular & radial muscle fibers.

uterus/scrotum, longitudinal fibers - sensation of fibers extending first along top of uterus from above its cervical opening into vagina out to / over the fundus of uterus at its extension over the bladder toward the front wall of the body - with subsequent fibers laterally paralleling the first fibers. This muscle serves for the sternum, C2, Mc 2, rib 1, and Mt 2 as Day 1 bones.

uterus/scrotum, circular fibers - sense of circular bands of fibers proceeding (from bottom side) along fallopian tubes toward uterus & then, parallel, enlarging bands proceeding across uterus over its fundus & around its side so the two sets of bands crisscross one another along the top and bottom of uterus seguing into circular bands around the uterus as it approaches its cervical opening into the vagina. This muscle serves the sternum, C2, Mc 2, rib 1 and Mt 2 as Day 2 bones **as does the one below when they are Day 3 bones**.

uterus/scrotum, radial fibers - sense of most internal fiber/s curving obliquely from area of last reach of circular fibers thru uterus & fallopian tubes, fibers straightening in 24 hours toward end of 1st longitudinal fiber.

^ & ^^ **:** ^ is Part 2's "Inroad Channel" (= Center of Gravity) & ^^ is the "Resulting Structure" (= Day's Bone +)

***Exit correspondents associated with Day 1, Day 2 & Day 3 structures are shown below**						**** Exits**
8:52a - 11:16a **|** Eye part 1 **|**	Bone Marrow	Kidney	RLS 1, p.1	RLS 4, p.1	LLS7+8,p.1	Urethra
11:16a - 4:04p **|** Eye part 2 **|**	Carotid Artery	Gallbladder	part 2	part 2	part 2	Armpits
4:04p - 12:52a **|** Eye part 3 **|**	Pineal Gland	Duodenum	part 3	part 3	part 3	Nipples
12:52a - 7:16a **|** Eye part 4 **|**	Cerebellum 1	Liver	part 4	part 4	part 4	Anus
7:16a - 8:04a **|** Eye part 5 **|**	Cerebrum 2	Lat.Vent., R.F.	part 5	part 5	part 5	Eye
8:04a - 8:52a **|** Eye part 6 **|**	Cranial nerve II	Nerve C6	part 6	part 6	part 6	Vagina

***** Being that which is needed to allow constant organism alteration for constant universe change.**

8:52 a.m. 7/2/1939 HUMAN as Bob or Pendulum from Crista Galli as Hook or Pivot for 3/12 - 3/14/2015

DAY 1 BOB HOOK COMPLEX is ETHMOID/Sphenoid BONE with breath through Nasolacrimal Duct (N.D.) & Superior Lacrimal Canaliculus to activate the Sigmoid/Transverse Sinus thereby arranging the DENTATE GYRUS to align ANTERIOR SEMICIRCULAR DUCT AMPULLA to form Lens, "muscles" are the upper, medial quadrant 3-member set (7-9) of 3 equatorial zonular fibers per set.

DAY 2 BOB-A is LACRIMAL/Manubrium BONE with 2nd component of breath through N.D. & Inferior Lacrimal Canaliculus to activate Cavernous Sinus 1 thereby arranging OLFACTORY NERVE (C.N. I) to continue proper gyrus function, muscles are the dilator, sphincter and orbitalis of the eye.

DAY 3 BOB HOOK COMPLEX AID (BOB-A) is T2/MT PP5 with 3rd component of breath through Superior Nasal Meatus & Incisive Canal to activate LLS 7+8 thereby arranging SPINAL NERVE 3 (C7 Spinal Nerve) to continue proper gyrus function, muscles are as shown.

In order for the above described Bob Hook Complex to approach optimal function, there can be no mis-alignment of its associated bone, muscle and organ structures. In the lower set of boxed columns below, preceded in the upper set by the enabling breath tracts, and aligned to the 6 spectral energy time intervals in 24 hours at left, are the 6 spectral energy associated structures as correlated with each numbered bone further below in the dated boxes. The 3 dated boxes then show the associated bone scaffold for Mt PP5 with the muscles for each bone of the scaffold changing through the 3 dates to provide on-going bone adjustment.

TIME INTERVALS corresponding to the 6 periods in 24 hours in which energy need evolved from possible available ranges of spectral energy from radio to gamma rays:	1 Breath thru nasolacrimal duct into inferior lacrimal canaliculus to activate cavernous sinus 1 & Eye Apparatus:	2 Breath through frontonasal duct to activate frontal sinus and the	3 Breath through Eustacean tube to activate anterior semicircular duct ampulla and the	4 Breath through inferior nasal meatus & incisive canal to activate RLS 1:	5 Breath through middle nasal meatus & incisive canal to activate RLS 4:	6 Breath through superior nasal meatus & incisive canal to activate LLS 7+8:	EXIT ROUTES for unincor-porated wave lengths of spectral energy:
8:52am-11:16am >	Part 1 <lymph>	Bone Marrow	Kidney	Part 1	Part 1	Part 1	urethra
11:16am-4:04pm >	Part 2 <blood>	Carotid Artery	Gallbladder	Part 2	Part 2	Part 2	armpits
4:04pm-12:52am >	Part 3<hormone>	Pineal Gland	Duodenum	Part 3	Part 3	Part 3	nipples
12:52am-7:16am >	Part 4 <DNA>	Cerebellum 1	Liver	Part 4	Part 4	Part 4	anus
7:16am-8:04am >	Part 5 <RNA>	Cerebrum 3	Lat.Vent., R.F.	Part 5	Part 5	Part 5	eye
8:04am-8:52am >	Part 6 <protein>	Cranial Nerve I	Nerve C7	Part 6	Part 6	Part 6	vagina

3/12/2015 DAY 1 BOB HOOK COMPLEX above is altered in connection with Bob Center, Maxilla Alveolar Process (by way of Ethmoid Cells), through aegis of the Dentate Gyrus.

Associated bones/muscles are (1) Lacrimal Bone - eye's dilator muscle

(2) Manubrium - levator palpebrae superioris, superficial lamella

(3) C3
levator palpebrae superioris, superficial lamella

(4) Mc PP5
levator palpebrae superioris, superficial lamella

(5) T2
levator palpebrae superioris, superficial lamella

(6) Mt PP5
levator palpebrae superioris, superficial lamella

3/13/2015 Day 2 Bob Hook Complex Aid (Bob-A) below was originated, and is altered, in connection with Bob Center, the Medial Sesamoid of Mt Ss 1 (by way of balanced, full Mt Ss 1).

DAY 2 BOB-A > (1) LACRIMAL BONE - eye's sphincter muscle

Associated bones/muscles are (2) Manubrium - levator palpebrae superioris, middle lamella

(3) C3
levator palpebrae superioris, middle lamella

(4) Mc PP5
levator palpebrae superioris, middle lamella

(5) T2
levator palpebrae superioris, middle lamella

(6) Mt PP5
levator palpebrae superioris, middle lamella

3/14/2015 Day 3 Bob Hook Complex Aid (Bob-A) below is altered in connection with Bob Center, the Lower Lateral Incisor.

(1) Lacrimal Bone - eye's orbitalis muscle

(2) Manubrium - levator palpebrae superioris, deep lamella

(3) C3
levator palpebrae superioris, deep lamella

(4) Mc PP5
levator palpebrae superioris, deep lamella

(5) T2
levator palpebrae superioris, deep lamella

(6) MT PP5 > DAY 3 BOB-A
levator palpebrae superioris, deep lamella

PROCESS FOR ALTERING STRUCTURES (see Text at beginning of Part 5 for elucidation)
with the following occurances proposed as associated with progress toward optimal functioning

Read boxes from left to right	**Inhalation along given tracts "to" given structures,**	**Likely causes (1) eye tracts to receive spectral energy (with surrogate aid from 6 Exit correspondents*) & intake into**	**And (2) pressure (for alteration) on**	**Exhalation with no collapse of breath tract & structures,**	**Causes (1) pressure (for alteration) on**	**And (2)**	**And (3)**
Day 1 ^ = * see page bottom for each	Superior lacrimal canaliculi "to" Sigmoid/ transverse sinuses**,**	Maxilla alveolar process ^	Dentate gyri ^^**;**	Sup.lac.can. & Sig./trans. sinuses & 6 Exit correspondents* & Maxilla alveolar process ^ & Dentate gyri ^^**,**	Maxilla alveolar process ^ **And intake into** Dentate gyri ^^	Breath "to" Sigmoid/ transverse sinuses to disperse to receiving structures of the brain to serve during inhalation	Exhalation pressure brought to bear on 6 Exit correspondents* to precipitate that which*** will serve possible surrogate, specifically needed spectral energy roles during inhalation**;** unused "spectral energy" pressure of the breath cycle disperses to Exits**.
Day 2 ^ = * see below for each	Inferior lacrimal canaliculi "to" Cavernous sinuses 1**,**	As above but for the Medial sesamoid of Mt Ss 1s ^	As above but for the Lacrimal bones ^^**;**	Inf. lac. can. & Cavernous sinuses 1 & 6 Exit correspondents* & Medial sesamoid of MtSs1s^ & Lacrimal bones ^^**,**	Medial sesamoid of Mt Ss 1s ^ **And intake into** Lacrimal bones ^^	Breath "to" Cavernous sinuses 1 to disperse to receiving structures of the brain	As above
Day 3 ^ = * see below	Superior nasal meatus & incisive canal "to" LLS 7+8**,**	As above but for Lower lateral incisors ^	As above but for Mt PP5s ^^**;**	Sup. nas. m. & LLS 7+8 & 6 Exit correspondents* & Lower lateral incisors^ & Mt PP5s^^**,**	Lower lateral incisors ^ **And intake into** Mt PP5s ^^	Breath "to" LLS 7+8 to disperse to lung part destinations	As above

Note: Maintain alignment of L5**/**pisiform, McSs2**/**incus, McSs1**/**hyoid, MtSs1**/**patella.

Commentary on Levator Palpebrae Superioris Muscle & Directions of Stretch of Its 3 Fibers

The pattern for the muscle fibers of the first, second and fourth 3-day bones of the body would seem to be the same, these being the xiphoid process, sternum and clavicle with their corresponding muscles being the fibers of the ciliaris, uterus/scrotum and bladder. The pattern for the muscle of the third 3-day bone, the manubrium, would seem to be different. This is the levator palpebrae superioris muscle, with a superior, a middle and a deep lamella, all seeming to blend together as part of the optic nerve and to run parallel to one another rather than to have longitudinal, circular and radial aspects. Perhaps the difference in muscle pattern results from the sort of bone the manubrium is. It is a beginning bone of the body which most lets other connecting bones change direction to extend toward other spatial directions. Perhaps since this possibility extends from the bone itself, the role of the muscle fibers becomes different.

levator palpebrae superioris, superficial lamella - from upper eyelid over sup. tarsus to upper optic canal
This same muscle serves for the manubrium, C3, Mc PP5, T2 and Mt PP5 as Day 1 bones.

levator palpebrae superioris, middle lamella - from upper optic canal to superior tarsus
This same muscle serves for the manubrium, C3, Mc PP5, T2 and Mt PP5 as Day 2 bones.

levator palpebrae superioris, deep lamella - from superior fornix deep to sup. tarsus to upper optic canal
This same muscle serves for the manubrium, C3, Mc PP5, T2 and Mt PP5 as Day 3 bones.

^ & ^^ **:** ^ is Part 2's "Inroad Channel" (= Center of Gravity) & ^^ is the "Resulting Structure" (= Day's Bone +)

***Exit correspondents associated with Day 1, Day 2 & Day 3 structures are shown below**						**** Exits**
8:52a - 11:16a **|** Eye part 1 **|**	Bone Marrow	Kidney	RLS 1, p.1	RLS 4, p.1	LLS7/8,p.1	Urethra
11:16a - 4:04p **|** Eye part 2 **|**	Carotid Artery	Gallbladder	part 2	part 2	part 2	Armpits
4:04p - 12:52a **|** Eye part 3 **|**	Pineal Gland	Duodenum	part 3	part 3	part 3	Nipples
12:52a - 7:16a **|** Eye part 4 **|**	Cerebellum 1	Liver	part 4	part 4	part 4	Anus
7:16a - 8:04a **|** Eye part 5 **|**	Cerebrum 3	Lat.Vent., R.F.	part 5	part 5	part 5	Eye
8:04a - 8:52a **|** Eye part 6 **|**	Cranial nerve I	Nerve C7	part 6	part 6	part 6	Vagina

***** That which is formed is that which is needed to serve in altering organism structures to allow the organism to continually change to accord itself to its constantly altering universe.**

8:52 a.m. 7/2/39 HUMAN as Bob or Pendulum from Crista Galli as Hook or Pivot for 3/15 - 3/17/2015

DAY 1 BOB HOOK COMPLEX is Ethmoid/SPHENOID BONE with breath through Nasolacrimal Duct (N.D.) & Superior Lacrimal Canaliculus to activate the Sigmoid/Transverse Sinus thereby arranging the ORBITAL GYRUS to align ANTERIOR SEMICIRCULAR DUCT AMPULLA to form Lens,
"muscles" are the upper, medial quadrant 3-member set (10-12) of 3 equatorial zonular fibers per set.

DAY 2 BOB HOOK COMPLEX AID is MAXILLA/Clavicle BONE with 2nd component of breath through N.D. & Inferior Lacrimal Canaliculus to activate Cavernous Sinus 1 thereby arranging OPTIC NERVE (C.N. II) to continue proper gyrus function, muscles are the dilator, sphincter and orbitalis of the eye.

DAY 3 BOB HOOK COMPLEX AID (BOB-A) is Rib 2/MT PP2 with 3rd component of breath through Superior Nasal Meatus & Incisive Canal to activate LLS 7+8 thereby arranging SPINAL NERVE 4 (C8 Spinal Nerve) to continue proper gyrus function, muscles are as shown.

In order for the above described Bob Hook Complex to approach optimal function, there can be no mis-alignment of its associated bone, muscle and organ structures. In the lower set of boxed columns below, preceded in the upper set by the enabling breath tracts, and aligned to the 6 spectral energy time intervals in 24 hours at left, are the 6 spectral energy associated structures as correlated with each numbered bone further below in the dated boxes. The 3 dated boxes then show the associated bone scaffold for Mt PP2 with the muscles for each bone of the scaffold changing through the 3 dates to provide on-going bone adjustment.

TIME INTERVALS corresponding to the 6 periods in 24 hours in which energy need evolved from possible available ranges of spectral energy from radio to gamma rays:	1 Breath thru nasolacrimal duct into inferior lacrimal canaliculus to activate cavernous sinus 1 & Eye Apparatus:	2 Breath through frontonasal duct to activate frontal sinus and the	3 Breath through Eustacean tube to activate anterior semicircular duct ampulla and the	4 Breath through inferior nasal meatus & incisive canal to activate RLS 1:	5 Breath through middle nasal meatus & incisive canal to activate RLS 4:	6 Breath through superior nasal meatus & incisive canal to activate LLS 7+8:	EXIT ROUTES for unincor-porated wave lengths of spectral energy:
8:52am-11:16am >	Part 1 <lymph>	Bone Marrow	Kidney	Part 1	Part 1	Part 1	urethra
11:16am-4:04pm >	Part 2 <blood>	Carotid Artery	Gallbladder	Part 2	Part 2	Part 2	armpits
4:04pm-12:52am >	Part 3<hormone>	Pineal Gland	Duodenum	Part 3	Part 3	Part 3	nipples
12:52am-7:16am >	Part 4 <DNA>	Cerebellum 1	Liver	Part 4	Part 4	Part 4	anus
7:16am-8:04am >	Part 5 <RNA>	Cerebrum 4	Lat.Vent., R.F.	Part 5	Part 5	Part 5	eye
8:04am-8:52am >	Part 6 <protein>	Cranial Nerve II	Nerve C8	Part 6	Part 6	Part 6	vagina

3/15/2015 DAY 1 BOB HOOK COMPLEX above is altered in connection with Bob Center, Mandible Alveolar Process (by way of Ethmoid Cells), through aegis of the Orbital Gyrus.

Associated bones/muscles are (1) Maxilla Bone - eye's dilator muscle
(2) Clavicle - bladder, longitudinal fibers
(3) C4 - bladder, longitudinal fibers
(4) Mc PP2 - bladder, longitudinal fibers
(5) Rib 2 - bladder, longitudinal fibers
(6) Mt PP2 - bladder, longitudinal fibers

3/16/2015 Day 2 Bob-A below is altered in connection with Bob Center, L5 (by way of balanced, full Mt Ss 1), bringing forth the Lateral Sesamoid of Mt Ss 1, isolating its Medial Ss & the Lacrimal Bone.

DAY 2 BOB-A > (1) MAXILLA BONE - eye's sphincter muscle
Associated bones/muscles are (2) Clavicle - bladder, circular fibers
(3) C4 - bladder, circular fibers
(4) Mc PP2 - bladder, circular fibers
(5) Rib 2 - bladder, circular fibers
(6) Mt PP2 - bladder, circular fibers

3/17/2015 Day 3 Bob Hook Complex Aid (Bob-A) below is altered in connection with Bob Center, the Upper Lateral Incisor.

(1) Maxilla Bone - eye's orbitalis muscle
(2) Clavicle - bladder, radial fibers
(3) C4 - bladder, radial fibers
(4) Mc PP2 - bladder, radial fibers
(5) Rib 2 - bladder, radial fibers
(6) MT PP2 > DAY 3 BOB-A - bladder, radial fibers

PROCESS FOR ALTERING STRUCTURES (see Text at beginning of Part 5 for elucidation)
with the following occurances proposed as associated with progress toward optimal functioning

Read boxes from left to right	Inhalation along given tracts "to" given structures,	Likely causes (1) eye tracts to receive spectral energy (with surrogate aid from 6 Exit correspondents*) & intake into Mandible alveolar process ^	And (2) pressure (for alteration) on	Exhalation with no collapse of breath tract & structures,	Causes (1) pressure (for alteration) on	And (2)	And (3)
Day 1 ^ = * see page bottom for each	Superior lacrimal canaliculi "to" Sigmoid/ transverse sinuses,		Orbital gyri ^^;	Sup.lac.can. & Sig./trans. sinuses & 6 Exit correspondents* & Mandible alveolar process ^ & Orbital gyri ^^,	Mandible alveolar process ^ And intake into Orbital gyri ^^	Breath "to" Sigmoid/ transverse sinuses to disperse to receiving structures of the brain to serve during inhalation	Exhalation pressure brought to bear on 6 Exit correspondents* to precipitate that which*** will serve possible surrogate, specifically needed spectral energy roles during inhalation; unused "spectral energy" pressure of the breath cycle disperses to Exits**.
Day 2 ^ = * see below for each	Inferior lacrimal canaliculi "to" Cavernous sinuses 1,	As above but for L5 ^ + Lateral sesamoid of Mt Ss 1s	As above but for the Maxilla bone ^^;	Inf. lac. can. & Cavernous sinuses 1 & 6 Exit correspondents* & L5 ^ + Lateral sesamoid of MtSs1s & Maxilla bone ^^,	L5 ^ + Lateral sesamoid of Mt Ss 1s And intake into Maxilla bone ^^	Breath "to" Cavernous sinuses 1 to disperse to receiving structures of the brain	As above
Day 3 ^ = * see below	Superior nasal meatus & incisive canal "to" LLS 7+8,	As above but for Upper lateral incisors ^	As above but for Mt PP2s ^^;	Sup. nas. m. & LLS 7+8 & 6 Exit correspondents* & Upper lateral incisors^ & Mt PP2s^^,	Upper lateral incisors ^ And intake into Mt PP2s ^^	Breath "to" LLS 7+8 to disperse to lung part destinations	As above

Note: Maintain alignment of L5**/**pisiform, McSs2**/**incus, McSs1**/**hyoid, MtSs1**/**patella.

Commentary on the Bladder Muscle and Possible Sensation of Directions of Stretch of Its 3 Fibers

The bladder sits toward the front of the body just above the pelvis (at the pelvic diaphragm) and above the urinary tract with a forward-projected portion. The longitudinal, circular and radial bladder muscle fibers serve, respectively, as the body's manipulating muscles on Day 1, Day 2 and Day 3 of the service of Mt PP2 as the 3-day bone perhaps with the ultimate purpose of manipulating the ciliary body to fashion the lens.

bladder, longitudinal fibers - sensation of longitudinal stretch from the front neck of the bladder at the top of the urethra forward and up over the apex at the bladder's front reach in the body, then back toward the fundus at the bladder's back reach, with fiber rows progressing laterally around through 24 hours. This same muscle serves for the clavicle, C4, Mc PP2, rib 2 and Mt PP2 as Day 1 bones.

bladder, circular fibers - sensation of circular band stretch, around and up bladder starting in area of end of last longitudinal fiber above posterior neck, band origins progressing back to anterior neck in 24 hrs. This same muscle serves for the clavicle, C4, Mc PP2, rib 2 and Mt PP2 as Day 2 bones.

bladder, radial fibers - sense of stretch from bunched row of fibers originating in area of end of last circular fiber in front neck area, initially with obliquely lateral destination points of stretch, points straightening in 24 hours toward the end of the 1st longitudinal fiber at bladder fundus (to align fovea centralis). This same muscle serves for the clavicle, C4, Mc PP2, rib 2 and Mt PP2 as Day 3 bones.

^ & ^^ **:** ^ is Part 2's "Inroad Channel" (= Center of Gravity) & ^^ is the "Resulting Structure" (= Day's Bone +)

***Exit correspondents associated with Day 1, Day 2 & Day 3 structures are shown below**						**** Exits**
8:52a - 11:16a **|** Eye part 1 **|**	Bone Marrow	Kidney	RLS 1, p.1	RLS 4, p.1	LLS7/8,p.1	Urethra
11:16a - 4:04p **|** Eye part 2 **|**	Carotid Artery	Gallbladder	part 2	part 2	part 2	Armpits
4:04p - 12:52a **|** Eye part 3 **|**	Pineal Gland	Duodenum	part 3	part 3	part 3	Nipples
12:52a - 7:16a **|** Eye part 4 **|**	Cerebellum 1	Liver	part 4	part 4	part 4	Anus
7:16a - 8:04a **|** Eye part 5 **|**	Cerebrum 4	Lat.Vent., R.F.	part 5	part 5	part 5	Eye
8:04a - 8:52a **|** Eye part 6 **|**	Cranial nerve II	Nerve C8	part 6	part 6	part 6	Vagina

***** That which is formed is that which is needed to serve in altering organism structures to allow the organism to continually change to accord itself to its constantly altering universe.**

8:52 a.m. 7/2/1939 HUMAN as Bob or Pendulum from Crista Galli as Hook or Pivot for 3/18 - 3/20/2015

DAY 1 BOB HOOK COMPLEX is ETHMOID/Sphenoid BONE with breath through Nasolacrimal Duct (N.D.) & Superior Lacrimal Canaliculus to activate the Straight/Occipital Sinus thereby arranging the STRAIGHT GYRUS to align POSTERIOR SEMICIRCULAR DUCT AMPULLA to form Lens,
"muscles" are the upper, medial quadrant 3-member set (13-15) of 3 equatorial zonular fibers per set.

DAY 2 BOB-A is LACRIMAL/Scapula BONE with 2nd component of breath through N.D. & Inferior Lacrimal Canaliculus to activate Cavernous Sinus 2 thereby arranging OCULOMOTOR NERVE (C.N. III) to continue proper gyrus function, muscles are the dilator, sphincter and orbitalis of the eye.

DAY 3 BOB HOOK COMPLEX AID (BOB-A) is T3/MT MP5 with 3rd component of breath through Superior Nasal Meatus & Incisive Canal to activate RLS 8 thereby arranging SPINAL NERVE 5 (T1 Spinal Nerve) to continue proper gyrus function, muscles are as shown.

In order for the above described Bob Hook Complex to approach optimal function, there can be no mis-alignment of its associated bone, muscle and organ structures. In the lower set of boxed columns below, preceded in the upper set by the enabling breath tracts, and aligned to the 6 spectral energy time intervals in 24 hours at left, are the 6 spectral energy associated structures as correlated with each numbered bone further below in the dated boxes. The 3 dated boxes then show the associated bone scaffold for Mt MP5 with the muscles for each bone of the scaffold changing through the 3 dates to provide on-going bone adjustment.

TIME INTERVALS corresponding to the 6 periods in 24 hours in which energy need evolved from possible available ranges of spectral energy from radio to gamma rays:	1 Breath thru nasolacrimal duct into inferior lacrimal canaliculus to activate cavernous sinus 2 & Eye Apparatus:	2 Breath through Eustacean tube to activate mastoid cells and the	3 Breath through Eustacean tube to activate posterior semicircular duct ampulla and the	4 Breath through inferior nasal meatus & incisive canal to activate LLS 1+2:	5 Breath through middle nasal meatus & incisive canal to activate LLS 5:	6 Breath through superior nasal meatus & incisive canal to activate RLS 8:	EXIT ROUTES for unincor-porated wave lengths of spectral energy:
8:52am-11:16am >	Part 1 <lymph>	Thoracic Duct	Kidney	Part 1	Part 1	Part 1	urethra
11:16am-4:04pm >	Part 2 <blood>	Parathyroids	Gallbladder	Part 2	Part 2	Part 2	armpits
4:04pm-12:52am >	Part 3<hormone>	Thyroid Gland	Duodenum	Part 3	Part 3	Part 3	nipples
12:52am-7:16am >	Part 4 <DNA>	Cerebellum 2	Liver	Part 4	Part 4	Part 4	anus
7:16am-8:04am >	Part 5 <RNA>	Cerebrum 5	Lat.Vent., L.F.	Part 5	Part 5	Part 5	eye
8:04am-8:52am >	Part 6 <protein>	Cranial Nerve III	Nerve T1	Part 6	Part 6	Part 6	vagina

3/18/2015 DAY 1 BOB HOOK COMPLEX above is altered in connection with Bob Center, Upper Wisdom Tooth (by way of Sphenoid Sinus), through aegis of the Straight Gyrus.

Associated bones/muscles are (1) Lacrimal Bone - eye's dilator muscle
(2) Scapula - platysma
(3) S5
thyroepiglottic
(4) Mc MP5
deltoid, back part
(5) T3
rotatores brevis
(6) Mt MP5
inferior gemellus

3/19/2015 Day 2 Bob Hook Complex Aid (Bob-A) below is altered in connection with Bob Center, the Medial Sesamoid of Mt Ss 1 (by way of balanced, full Mt Ss 1).

DAY 2 BOB-A > (1) LACRIMAL BONE - eye's sphincter muscle
Associated bones/muscles are (2) Scapula - hair follicle muscles
(3) S5
inferior oblique of eye
(4) Mc MP5
deltoid, middle part
(5) T3
multifidi
(6) Mt MP5
obturator externus

3/20/2015 Day 3 Bob-A below is altered in connection with Bob Center, the Lower Canine.

(1) Lacrimal Bone - eye's orbitalis muscle
(2) Scapula - temporoparietalis
(3) S5
aryepiglottic
(4) Mc MP5
deltoid, 2nd front part
(5) T3
rotatores longus
(6) MT MP5 > DAY 3 BOB-A
superior gemellus

PROCESS FOR ALTERING STRUCTURES
with the following occurances proposed as associated with progress toward optimal functioning

Read boxes from left to right	**Inhalation along given tracts "to" given structures,**	**Likely causes (1) eye tracts to receive spectral energy (with surrogate aid from 6 Exit correspondents*) & intake into**	**And (2) pressure (for alteration) on**	**Exhalation with no collapse of breath tract & structures,**	**Causes (1) pressure (for alteration) on**	**And (2)**	**And (3)**
Day 1 ^ = * see page bottom for each	Superior lacrimal canaliculi "to" Straight/ occipital sinuses,	Upper wisdom teeth ^	Straight gyri ^^; & Straight gyri ^^,	Sup. lac. can. & Straight/ occipital sinuses & 6 Exit correspondents* & Upper wisdom teeth ^	Upper wisdom teeth ^ **And intake into** Straight gyri ^^	Breath "to" Straight/ occipital sinuses to disperse to receiving structures of the brain to serve during inhalation	Exhalation pressure brought to bear on 6 Exit correspondents* to precipitate that which*** will serve possible surrogate, specifically needed spectral energy roles during inhalation; unused "spectral energy" pressure of the breath cycle disperses to Exits**.
Day 2 ^ = * see below for each	Inferior lacrimal canaliculi "to" Cavernous sinuses 2,	As above but for the Medial sesamoid of Mt Ss 1s ^	As above but for the Lacrimal bones ^^; & Lacrimal bones ^^,	Inf. lac. can. & Cavernous sinuses 2 & 6 Exit correspondents* & Medial sesamoid of MtSs1s^	Medial sesamoid of Mt Ss 1s ^ **And intake into** Lacrimal bones ^^	Breath "to" Cavernous sinuses 2 to disperse to receiving structures of the brain	As above
Day 3 ^ = * see below	Superior nasal meatus & incisive canal "to" RLS 8,	As above but for Lower canines ^	As above but for Mt MP5s^^; & Lower canines ^ & Mt MP5s ^^,	Sup. nas. m. & RLS 8 & 6 Exit correspondents*	Lower canines ^ **And intake into** Mt MP5s ^^	Breath "to" RLS 8 to disperse to lung part destinations	As above

Note: Maintain alignment of L5**/**pisiform, McSs2**/**incus, McSs1**/**hyoid, MtSs1**/**patella.

~ = line continuance in this section **Direction** of **Stretch** for **Muscles** on **Front** of **Page**

platysma - down from mouth corner & chin over neck & clavicle spreading to front of shoulder & upper ribs
thyroepiglottic - back & up from inside front of thyroid cartilage to epiglottis joining upper part of aryepiglottic
deltoid, back part - downward from backmost part of spine of scapula to just above mid-lateral humerus
rotatores brevis - up from articular/transverse/mamillary vertebral processes to vertebral spine base above
inferior gemellus - out from upper, outer ischial tuberosity rim to greater trochanter's inner central surface

hair follicle muscles - short stretch in from skin as perhaps radiating in bands from armpits to side of head ~
inferior oblique of eye - from eyeball's lateral side coursing under eyeball to medial bottom wall of eye socket
deltoid, middle part - from just above mid-lateral humerus upward to scapula's medial spine/acromion
multifidi - from spinous processes all along the spine downward to lower more lateral vertebral processes
obturator externus - from back inner part of greater trochanter to inf. pubis/ischium rami's front upper rims

temporoparietalis - upward from above ear to skin along the side of head ~swinging around & down through body in 24 hours
aryepiglottic - upward from apex of arytenoid cartilage to along side of epiglottis
deltoid, 2nd front part - down from scapula's acromion (& lateral clavicle) to just above mid-lateral humerus
rotatores longus - upward from thoracic vertebral transverse processes to vertebral spine two above
superior gemellus - outward from ischial spine to greater trochanter's inner central surface

^ & ^^ **:** ^ is Part 2's "Inroad Channel" (= Center of Gravity) & ^^ is the "Resulting Structure" (= Day's Bone +)

***Exit correspondents associated with Day 1, Day 2 & Day 3 structures are shown below**						**** Exits**
8:52a - 11:16a **|** Eye part 1 **|**	Thoracic duct	Kidney	LLS 1+2,p.1	LLS 5, p.1	RLS 8, p.1	Urethra
11:16a - 4:04p **|** Eye part 2 **|**	Parathyroids	Gallbladder	part 2	part 2	part 2	Armpits
4:04p - 12:52a **|** Eye part 3 **|**	Thyroid gland	Duodenum	part 3	part 3	part 3	Nipples
12:52a - 7:16a **|** Eye part 4 **|**	Cerebellum 2	Liver	part 4	part 4	part 4	Anus
7:16a - 8:04a **|** Eye part 5 **|**	Cerebrum 5	Lat.Vent.,L.F.	part 5	part 5	part 5	Eye
8:04a - 8:52a **|** Eye part 6 **|**	Cranial nerve III	Nerve T1	part 6	part 6	part 6	Vagina

***** That which is formed is that which is needed to serve in altering organism structures to allow the organism to continually change to accord itself to its constantly altering universe.**

8:52 a.m. 7/2/1939 HUMAN as Bob or Pendulum from Crista Galli as Hook or Pivot for 3/21 - 3/23/2015

DAY 1 BOB HOOK COMPLEX is Ethmoid/SPHENOID BONE with breath through Nasolacrimal Duct (N.D.) & Superior Lacrimal Canaliculus to activate the Straight/Occipital Sinus thereby arranging the SUBCALLOSAL GYRUS to align POSTERIOR SEMICIRCULAR DUCT AMPULLA to form Lens, "muscles" are the upper, medial quadrant 3-member set (16-18) of 3 equatorial zonular fibers per set.

DAY 2 BOB HOOK COMPLEX AID is MAXILLA/Humerus BONE with 2nd component of breath through N.D. & Inferior Lacrimal Canaliculus to activate Cavernous Sinus 2 thereby arranging TROCHLEAR NERVE (C.N. IV) to continue proper gyrus function, muscles are dilator, sphincter and orbitalis of the eye.

DAY 3 BOB HOOK COMPLEX AID (BOB-A) is Rib 3/MT MP2 with 3rd component of breath through Superior Nasal Meatus & Incisive Canal to activate RLS 8 thereby arranging SPINAL NERVE 6 (T2 Spinal Nerve) to continue proper gyrus function, muscles are as shown.

In order for the above described Bob Hook Complex to approach optimal function, there can be no mis-alignment of its associated bone, muscle and organ structures. In the lower set of boxed columns below, preceded in the upper set by the enabling breath tracts, and aligned to the 6 spectral energy time intervals in 24 hours at left, are the 6 spectral energy associated structures as correlated with each numbered bone further below in the dated boxes. The 3 dated boxes then show the associated bone scaffold for Mt MP2 with the muscles for each bone of the scaffold changing through the 3 dates to provide on-going bone adjustment.

TIME INTERVALS corresponding to the 6 periods in 24 hours in which energy need evolved from possible available ranges of spectral energy from radio to gamma rays:	1 Breath thru nasolacrimal duct into inferior lacrimal canaliculus to activate cavernous sinus 2 & Eye Apparatus:	2 Breath through Eustacean tube to activate mastoid cells and the	3 Breath through Eustacean tube to activate posterior semicircular duct ampulla and the	4 Breath through inferior nasal meatus & incisive canal to activate LLS 1+2:	5 Breath through middle nasal meatus & incisive canal to activate LLS 5:	6 Breath through superior nasal meatus & incisive canal to activate RLS 8:	EXIT ROUTES for unincorporated wave lengths of spectral energy:
8:52am-11:16am >	Part 1 <lymph>	Thoracic Duct	Kidney	Part 1	Part 1	Part 1	urethra
11:16am-4:04pm >	Part 2 <blood>	Parathyroids	Gallbladder	Part 2	Part 2	Part 2	armpits
4:04pm-12:52am >	Part 3<hormone>	Thyroid Gland	Duodenum	Part 3	Part 3	Part 3	nipples
12:52am-7:16am >	Part 4 <DNA>	Cerebellum 2	Liver	Part 4	Part 4	Part 4	anus
7:16am-8:04am >	Part 5 <RNA>	Cerebrum 6	Lat.Vent., L.F.	Part 5	Part 5	Part 5	eye
8:04am-8:52am >	Part 6 <protein>	Cranial Nerve IV	Nerve T2	Part 6	Part 6	Part 6	vagina

3/21/2015 DAY 1 BOB HOOK COMPLEX above is altered in connection with Bob Center, Lower Wisdom Tooth (by way of Sphenoid Sinus), through aegis of the Subcallosal Gyrus.

Associated bones/muscles are

(1) Maxilla Bone - eye's dilator muscle

(2) Humerus - levator costae brevis

(3) S4
oblique arytenoid

(4) Mc MP2
flexor carpi radialis

(5) Rib 3
intertransversarii, cervical posterior & anterior

(6) Mt MP2
(ishio)coccygeus

3/22/2015 Day 2 Bob-A below is altered in connection with Bob Center, L5 (by way of balanced, full Mt Ss 1), bringing forth the Lateral Sesamoid of Mt Ss 1, isolating its Medial Ss & the Lacrimal Bone.

DAY 2 BOB-A > (1) MAXILLA BONE - eye's sphincter muscle

Associated bones/muscles are

(2) Humerus - circulatory system muscles

(3) S4
accessory muscle bundle

(4) Mc MP2
palmaris longus

(5) Rib 3
intertransversarii, thoracis & lumber medial

(6) Mt MP2
obturator internus

3/23/2015 Day 3 Bob Hook Complex Aid (Bob-A) below is altered in connection with Bob Center, the Upper Canine.

(1) Maxilla Bone - eye's orbitalis muscle

(2) Humerus - levator costae longus

(3) S4
transverse arytenoid

(4) Mc MP2
flexor carpi ulnaris

(5) Rib 3
intertransversarii, lumbar lateral

(6) MT MP2 > DAY 3 BOB-A
piriformis

PROCESS FOR ALTERING STRUCTURES
with the following occurances proposed as associated with progress toward optimal functioning

Read boxes from left to right	**Inhalation along given tracts "to" given structures,**	**Likely causes (1) eye tracts to receive spectral energy (with surrogate aid from 6 Exit correspondents*) & intake into**	**And (2) pressure (for alteration) on**	**Exhalation with no collapse of breath tract & structures,**	**Causes (1) pressure (for alteration) on**	**And (2)**	**And (3)**
Day 1 ^ = * see page bottom for each	Superior lacrimal canaliculi "to" Straight/ occipital sinuses,	Lower wisdom teeth ^	Sub-callosal gyri ^^; & Lower wisdom teeth ^ & Subcallosal gyri ^^,	Sup. lac. can. & Straight/ occipital sinuses & 6 Exit correspondents* &	Lower wisdom teeth ^ **And intake into** Subcallosal gyri ^^	Breath "to" Straight/ occipital sinuses to disperse to receiving structures of the brain to serve during inhalation	Exhalation pressure brought to bear on 6 Exit correspondents* to precipitate that which*** will serve possible surrogate, specifically needed spectral energy roles during inhalation; unused "spectral energy" pressure of the breath cycle disperses to Exits**.
Day 2 ^ = * see below for each	Inferior lacrimal canaliculi "to" Cavernous sinuses 2,	As above but for L5 ^ + Lateral sesamoid of Mt Ss 1s	As above but for the Maxilla bone ^^; & Maxilla bone ^^,	Inf. lac. can. & Cavernous sinuses 2 & 6 Exit correspondents* & L5 ^ + Lateral sesamoid of MtSs1s	L5 ^ + Lateral sesamoid of Mt Ss 1s **And intake into** Maxilla bone ^^	Breath "to" Cavernous sinuses 2 to disperse to receiving structures of the brain	As above
Day 3 ^ = * see below	Superior nasal meatus & incisive canal "to" RLS 8,	As above but for Upper canines ^	As above but for Mt MP2s ^^; & Upper canines ^ & Mt MP2s ^^,	Sup. nas. m. & RLS 8 & 6 Exit correspondents* &	Upper canines ^ **And intake into** Mt MP2s ^^	Breath "to" RLS 8 to disperse to lung part destinations	As above

Note: Maintain alignment of L5**/**pisiform, McSs2**/**incus, McSs1**/**hyoid, MtSs1**/**patella.

Direction of **Stretch** for **Muscles** on **Front** of **Page**

levator costae brevis - up from rib below (closer-in position than longus) to next higher transverse process
oblique arytenoid - up from base of arytenoid cartilage to apex of opposite arytenoid cartilage
flexor carpi radialis - down from humerus's medial epicondyle to anterior Mc 2 base
intertransversarii, cervical post. & ant. - from post./ant. cer. transverse process tubercles to ones above
(ishio)coccygeus - up from ischial spine & sacrospinous ligament to border of lower sacrum & coccyx

circulatory system muscles - sense of circular band stretch in blood vessels in 24-hour progress down body
accessory muscle bundle - from temporal bone by occipital juncture down/in to outer pharyngobasilar fascia
palmaris longus - from area over anterior bases of Mc 3 & Mc 4 to humerus's medial epicondyle
intertransversarii, thoracis & lumbar medial - from accessory process above to mamillary process below
obturator internus - from greater trochanter's top edge to out from posterior bone around obturator foramen

levator costae longus - up from rib below (farther-out position than brevis) to 2nd higher transverse process
transverse arytenoid - from arytenoid cartilage straight across to opposite cartilage
flexor carpi ulnaris - down from humerus's medial epicondyle & ulna to ant. Mc 5 base, hamate & pisiform
intertransversarii, lumbar lateral - upward from lumbar transverse process to one above
piriformis - from anterior sacrum and sacrotuberous ligament to fossa surface & top of greater trochanter

^ & ^^ **:** ^ is Part 2's "Inroad Channel" (= Center of Gravity) & ^^ is the "Resulting Structure" (= Day's Bone +)

***Exit correspondents associated with Day 1, Day 2 & Day 3 structures are shown below**							**** Exits**
8:52a - 11:16a **|** Eye part 1 **|**	Thoracic duct	Kidney	LLS 1+2,p.1	LLS 5, p.1	RLS 8, p.1	Urethra
11:16a - 4:04p **|** Eye part 2 **|**	Parathyroids	Gallbladder	part 2	part 2	part 2	Armpits
4:04p - 12:52a **|** Eye part 3 **|**	Thyroid gland	Duodenum	part 3	part 3	part 3	Nipples
12:52a - 7:16a **|** Eye part 4 **|**	Cerebellum 2	Liver	part 4	part 4	part 4	Anus
7:16a - 8:04a **|** Eye part 5 **|**	Cerebrum 6	Lat.Vent.,L.F.	part 5	part 5	part 5	Eye
8:04a - 8:52a **|** Eye part 6 **|**	Cranial nerve IV	Nerve T2	part 6	part 6	part 6	Vagina

***** That which is formed is that which is needed to serve in altering organism structures to allow the organism to continually change to accord itself to its constantly altering universe.**

8:52 a.m. 7/2/1939 HUMAN as Bob or Pendulum from Crista Galli as Hook or Pivot for 3/24 - 3/26/2015

DAY 1 BOB HOOK COMPLEX is ETHMOID/Sphenoid BONE with breath through Nasolacrimal Duct (N.D.) & Superior Lacrimal Canaliculus to activate the Straight/Occipital Sinus thereby arranging the CINGULATE GYRUS to align LATERAL SEMICIRCULAR DUCT AMPULLA to form Lens, "muscles" are the superior-most 3-member set (19-21) of 3 equatorial zonular fibers per set.

DAY 2 BOB-A is LACRIMAL/Radius BONE with 2nd component of breath through N.D. & Inferior Lacrimal Canaliculus to activate Cavernous Sinus 2 thereby arranging OCULOMOTOR NERVE (C.N. III) to continue proper gyrus function, muscles are the dilator, sphincter and orbitalis of the eye.

DAY 3 BOB HOOK COMPLEX AID (BOB-A) is T4/MT DP5 with 3rd component of breath through Superior Nasal Meatus & Incisive Canal to activate RLS 8 thereby arranging SPINAL NERVE 7 (T3 Spinal Nerve) to continue proper gyrus function, muscles are as shown.

In order for the above described Bob Hook Complex to approach optimal function, there can be no mis-alignment of its associated bone, muscle and organ structures. In the lower set of boxed columns below, preceded in the upper set by the enabling breath tracts, and aligned to the 6 spectral energy time intervals in 24 hours at left, are the 6 spectral energy associated structures as correlated with each numbered bone further below in the dated boxes. The 3 dated boxes then show the associated bone scaffold for Mt DP5 with the muscles for each bone of the scaffold changing through the 3 dates to provide on-going bone adjustment.

TIME INTERVALS corresponding to the 6 periods in 24 hours in which energy need evolved from possible available ranges of spectral energy from radio to gamma rays:	1 Breath thru nasolacrimal duct into inferior lacrimal canaliculus to activate cavernous sinus 2 & Eye Apparatus:	2 Breath through Eustacean tube to activate mastoid cells and the	3 Breath through Eustacean tube to activate posterior semicircular duct ampulla and the	4 Breath through inferior nasal meatus & incisive canal to activate LLS 1+2:	5 Breath through middle nasal meatus & incisive canal to activate LLS 5:	6 Breath through superior nasal meatus & incisive canal to activate RLS 8:	EXIT ROUTES for unincor-porated wave lengths of spectral energy:
8:52am-11:16am >	Part 1 <lymph>	Thoracic Duct	Kidney	Part 1	Part 1	Part 1	urethra
11:16am-4:04pm >	Part 2 <blood>	Parathyroids	Gallbladder	Part 2	Part 2	Part 2	armpits
4:04pm-12:52am >	Part 3<hormone>	Thyroid Gland	Duodenum	Part 3	Part 3	Part 3	nipples
12:52am-7:16am >	Part 4 <DNA>	Cerebellum 2	Liver	Part 4	Part 4	Part 4	anus
7:16am-8:04am >	Part 5 <RNA>	Cerebrum 7	Lat.Vent., L.F.	Part 5	Part 5	Part 5	eye
8:04am-8:52am >	Part 6 <protein>	Cranial Nerve III	Nerve T3	Part 6	Part 6	Part 6	vagina

3/24/2015 DAY 1 BOB HOOK COMPLEX above is altered in connection with Bob Center, Upper 2nd Molar (by way of Tympanic Cells), through aegis of the Cingulate Gyrus.

Associated bones/muscles are (1) Lacrimal Bone - eye's dilator muscle
(2) Radius - heart, anterior papillary

(3) S3
lateral cricoarytenoid

(4) Mc DP5
extensor carpi radialis brevis

(5) T4
levator veli palatini

(6) Mt DP5
adductor minimus

3/25/2015 Day 2 Bob Hook Complex Aid (Bob-A) below is altered in connection with Bob Center, the Medial Sesamoid of Mt Ss 1 (by way of balanced, full Mt Ss 1).

DAY 2 BOB-A > (1) LACRIMAL BONE - eye's sphincter muscle
Associated bones/muscles are (2) Radius - heart, septal papillary

(3) S3
superior oblique of eye

(4) Mc DP5
brachioradialis

(5) T4
salpingopharyngeus

(6) Mt DP5
gracilis

3/26/2015 Day 3 Bob Hook Complex Aid (Bob-A) below is altered in connection with Bob Center,

(1) Lacrimal Bone - eye's orbitalis muscle **RLS 10.**
(2) Radius - heart, posterior papillary

(3) S3
posterior cricoarytenoid

(4) Mc DP5
extensor carpi radialis longus

(5) T4
tensor veli palatini

(6) MT DP5 > DAY 3 BOB-A
adductor magnus

PROCESS FOR ALTERING STRUCTURES
with the following occurances proposed as associated with progress toward optimal functioning

Read boxes from left to right	**Inhalation along given tracts "to" given structures,**	**Likely causes (1) eye tracts to receive spectral energy (with surrogate aid from 6 Exit correspondents*) & intake into**	**And (2) pressure (for alteration) on**	**Exhalation with no collapse of breath tract & structures,**	**Causes (1) pressure (for alteration) on**	**And (2)**	**And (3)**
Day 1 ^ = * see page bottom for each	Superior lacrimal canaliculi "to" Straight/ occipital sinuses**,**	Upper 2nd molars ^	Cingulate gyri ^^**;**	Sup.lac.can. & Straight/occipital sinuses & 6 Exit correspondents* & Upper 2nd molars ^ & Cingulate gyri ^^**,**	Upper 2nd molars ^ **And intake into** Cingulate gyri ^^	Breath "to" Straight/ occipital sinuses to disperse to receiving structures of the brain to serve during inhalation	Exhalation pressure brought to bear on 6 Exit correspondents* to precipitate that which*** will serve possible surrogate, specifically needed spectral energy roles during inhalation**;** unused "spectral energy" pressure of the breath cycle disperses to Exits**.
Day 2 ^ = * see below for each	Inferior lacrimal canaliculi "to" Cavernous sinuses 2**,**	As above but for the Medial sesamoid of Mt Ss 1s ^	As above but for the Lacrimal bones ^^**;**	Inf. lac. can. & Cavernous sinuses 2 & 6 Exit correspondents* & Medial sesamoid of MtSs1s^ & Lacrimal bones ^^**,**	Medial sesamoid of Mt Ss 1s ^ **And intake into** Lacrimal bones ^^	Breath "to" Cavernous sinuses 2 to disperse to receiving structures of the brain	As above
Day 3 ^ = * see below	Superior nasal meatus & incisive canal "to" RLS 8**,**	As above but for RLS 10 ^	As above but for Mt DP5s ^^**;**	Sup. nas. m. & RLS 8 & 6 Exit correspondents* & RLS 10 ^ & Mt DP5s ^^**,**	RLS 10 ^ **And intake into** Mt DP5s ^^	Breath "to" RLS 8 to disperse to lung part destinations	As above

Note: Maintain alignment of L5**/**pisiform, McSs2**/**incus, McSs1**/**hyoid, MtSs1**/**patella.

v / **^** = down / up arrows **Direction** of **Stretch** for **Muscles** on **Front** of **Page**

heart, anterior papillary - from anterior mitral or tricuspid valves' cusps toward anterior pectinate muscle
lateral cricoarytenoid - backward from along top of cricoid cartilage to outer base of arytenoid cartilage
extensor carpi radialis brevis - from outer bottom of humerus's lateral epicondyle to posterior base of Mc 3
levator veli palatini - down from temporal bone & auditory tube to meet same to form rearward soft palate
adductor minimus - upper part of adductor magnus described below

heart, septal papillary - from central/upper posterior wall of heart toward septal pectinate muscle
superior oblique of eye - from upper lateral eyeball to inside wall's trochlea on to common tendinous ring **v**
brachioradialis - from lowest outside of radius to lower midsection of lateral humerus around optic nerve
salpingopharyngeus - from lateral wall of pharynx at teeth level up to end of auditory tube cartilage
gracilis - from anterior medial tibia for brief length below medial condyle up to body & inferior ramus of pubis

heart, posterior papillary - from posterior mitral or tricuspid valves' cusps toward posterior pectinate muscle
posterior cricoarytenoid- up from along back midline of cricoid cartilage to outer base of arytenoid cartilage
extensor carpi radialis longus - downward from lower lateral humerus to posterior base of Mc 2 palate
tensor veli palatini - down from sphenoid bone & auditory tube & around hamulus to form forward part soft **^**
adductor magnus - from lower ishium/pubis to along middle posterior femur & medial epicondyle

^ & ^^ **:** ^ is Part 2's "Inroad Channel" (= Center of Gravity) & ^^ is the "Resulting Structure" (= Day's Bone +)

***Exit correspondents associated with Day 1, Day 2 & Day 3 structures are shown below**							**** Exits**
8:52a - 11:16a **|** Eye part 1 **|**	Thoracic duct	Kidney	LLS 1+2,p.1	LLS 5, p.1	RLS 8, p.1	Urethra
11:16a - 4:04p **|** Eye part 2 **|**	Parathyroids	Gallbladder	part 2	part 2	part 2	Armpits
4:04p - 12:52a **|** Eye part 3 **|**	Thyroid gland	Duodenum	part 3	part 3	part 3	Nipples
12:52a - 7:16a **|** Eye part 4 **|**	Cerebellum 2	Liver	part 4	part 4	part 4	Anus
7:16a - 8:04a **|** Eye part 5 **|**	Cerebrum 7	Lat.Vent.,L.F.	part 5	part 5	part 5	Eye
8:04a - 8:52a **|** Eye part 6 **|**	Cranial nerve III	Nerve T3	part 6	part 6	part 6	Vagina

***** That which is formed is that which is needed to serve in altering organism structures to allow the organism to continually change to accord itself to its constantly altering universe.**

8:52 a.m. 7/2/1939 HUMAN as Bob or Pendulum from Crista Galli as Hook or Pivot for 3/27 - 3/29/2015

DAY 1 BOB HOOK COMPLEX is Ethmoid/SPHENOID BONE with breath through Nasolacrimal Duct (N.D.) & Superior Lacrimal Canaliculus to activate the Straight/Occipital Sinus thereby arranging the LINGUAL GYRUS to align LATERAL SEMICIRCULAR DUCT AMPULLA to form Lens, "muscles" are the upper, lateral quadrant 3-member set (22-24) of 3 equatorial zonular fibers per set.

DAY 2 BOB HOOK COMPLEX AID is MAXILLA/Ulna BONE with 2nd component of breath through N.D. & Inferior Lacrimal Canaliculus to activate Cavernous Sinus 2 thereby arranging TROCHLEAR NERVE (C.N. IV) to continue proper gyrus function, muscles are the dilator, sphincter and orbitalis of the eye.

DAY 3 BOB HOOK COMPLEX AID (BOB-A) is Rib 4/MT DP2 with 3rd component of breath through Superior Nasal Meatus & Incisive Canal to activate RLS 8 thereby arranging SPINAL NERVE 8 (T4 Spinal Nerve) to continue proper gyrus function, muscles are as shown.

In order for the above described Bob Hook Complex to approach optimal function, there can be no mis-alignment of its associated bone, muscle and organ structures. In the lower set of boxed columns below, preceded in the upper set by the enabling breath tracts, and aligned to the 6 spectral energy time intervals in 24 hours at left, are the 6 spectral energy associated structures as correlated with each numbered bone further below in the dated boxes. The 3 dated boxes then show the associated bone scaffold for Mt DP2 with the muscles for each bone of the scaffold changing through the 3 dates to provide on-going bone adjustment.

TIME INTERVALS corresponding to the 6 periods in 24 hours in which energy need evolved from possible available ranges of spectral energy from radio to gamma rays:	1 Breath thru nasolacrimal duct into inferior lacrimal canaliculus to activate cavernous sinus 2 & Eye Apparatus:	2 Breath through Eustacean tube to activate mastoid cells and the	3 Breath through Eustacean tube to activate posterior semicircular duct ampulla and the	4 Breath through inferior nasal meatus & incisive canal to activate LLS 1+2:	5 Breath through middle nasal meatus & incisive canal to activate LLS 5:	6 Breath through superior nasal meatus & incisive canal to activate RLS 8:	EXIT ROUTES for unincor-porated wave lengths of spectral energy:
8:52am-11:16am >	Part 1 <lymph>	Thoracic Duct	Kidney	Part 1	Part 1	Part 1	urethra
11:16am-4:04pm >	Part 2 <blood>	Parathyroids	Gallbladder	Part 2	Part 2	Part 2	armpits
4:04pm-12:52am >	Part 3<hormone>	Thyroid Gland	Duodenum	Part 3	Part 3	Part 3	nipples
12:52am-7:16am >	Part 4 <DNA>	Cerebellum 2	Liver	Part 4	Part 4	Part 4	anus
7:16am-8:04am >	Part 5 <RNA>	Cerebrum 8	Lat.Vent., L.F.	Part 5	Part 5	Part 5	eye
8:04am-8:52am >	Part 6 <protein>	Cranial Nerve IV	Nerve T4	Part 6	Part 6	Part 6	vagina

3/27/2015 DAY 1 BOB HOOK COMPLEX above is altered in connection with Bob Center, Lower 2nd Molar (by way of Tympanic Cells), through aegis of the Lingual Gyrus.

Associated bones/muscles are (1) Maxilla Bone - eye's dilator muscle
(2) Ulna - heart, anterior pectinate

(3) C5
vocalis
(4) Mc DP2
extensor pollicis brevis
(5) Rib 4
tensor tympani
(6) Mt DP2
soleus, inner part

3/28/2015 Day 2 Bob-A below is altered in connection with Bob Center, L5 (by way of balanced, full Mt Ss 1), bringing forth the Lateral Sesamoid of Mt Ss 1, isolating its Medial Ss & the Lacrimal Bone.

DAY 2 BOB-A > (1) MAXILLA BONE - eye's sphincter muscle
Associated bones/muscles are (2) Ulna - heart, septal pectinate

(3) C5
oblique thyroarytenoid
(4) Mc DP2
extensor indicis
(5) Rib 4
uvula
(6) Mt DP2
popliteus

3/29/2015 Day 3 Bob Hook Complex Aid (Bob-A) below is altered in connection with Bob Center,

(1) Maxilla Bone - eye's orbitalis muscle **LLS 10.**
(2) Ulna - heart, posterior pectinate

(3) C5
thyroarytenoid
(4) Mc DP2
extensor pollicis longus
(5) Rib 4
stapedius
(6) MT DP2 > DAY 3 BOB-A
soleus, outer part

PROCESS FOR ALTERING STRUCTURES
with the following occurances proposed as associated with progress toward optimal functioning

Read boxes from left to right	**Inhalation along given tracts "to" given structures,**	**Likely causes (1) eye tracts to receive spectral energy (with surrogate aid from 6 Exit correspondents*) & intake into**	**And (2) pressure (for alteration) on**	**Exhalation with no collapse of breath tract & structures,**	**Causes (1) pressure (for alteration) on**	**And (2)**	**And (3)**
Day 1 ^ = * see page bottom for each	Superior lacrimal canaliculi "to" Straight/ occipital sinuses**,**	Lower 2nd molars ^	Lingual gyri ^^**;**	Sup.lac.can. & Straight/occipital sinuses & 6 Exit correspondents* & Lower 2nd molars ^ & Lingual gyri ^^**,**	Lower 2nd molars ^ **And intake into** Lingual gyri ^^	Breath "to" Straight/ occipital sinuses to disperse to receiving structures of the brain to serve during inhalation	Exhalation pressure brought to bear on 6 Exit correspondents* to precipitate that which*** will serve possible surrogate, specifically needed spectral energy roles during inhalation**;** unused "spectral energy" pressure of the breath cycle disperses to Exits**.
Day 2 ^ = * see below for each	Inferior lacrimal canaliculi "to" Cavernous sinuses 2**,**	As above but for L5 ^ + Lateral sesamoid of Mt Ss 1s	As above but for the Maxilla bone ^^**;**	Inf. lac. can. & Cavernous sinuses 2 & 6 Exit correspondents* & L5 ^ + Lateral sesamoid of MtSs1s & Maxilla bone ^^**,**	L5 ^ + Lateral sesamoid of Mt Ss 1s **And intake into** Maxilla bone ^^	Breath "to" Cavernous sinuses 2 to disperse to receiving structures of the brain	As above
Day 3 ^ = * see below	Superior nasal meatus & incisive canal "to" RLS 8**,**	As above but for LLS 10 ^	As above but for Mt DP2s ^^**;**	Sup. nas. m. & RLS 8 & 6 Exit correspondents* & LLS 10 ^ & Mt DP2s ^^**,**	LLS 10 ^ **And intake into** Mt DP2s ^^	Breath "to" RLS 8 to disperse to lung part destinations	As above

Note: Maintain alignment of L5**/**pisiform, McSs2**/**incus, McSs1**/**hyoid, MtSs1**/**patella.

^ = up arrow **Direction** of **Stretch** for **Muscles** on **Front** of **Page**

heart, anterior pectinate - from anterior papillary muscle to anterior medial wall of heart
vocalis - from front medial inner wall of thyroid cartilage toward vocal process of arytenoid cartilage
extensor pollicis brevis - from lower posterior interosseous membrane & radius to posterior base of Mc PP1
tensor tympani - from above & parallel to Eustacean tube into tendon dropping to manubrium of malleus
soleus, inner - from near posterior lateral tibia top as oblique line down across tibia into Achilles tendon

heart, septal pectinate - from septal papillary muscle to septal mitral or tricuspid valves' cusps | muscle
oblique thyroarytenoid - from arytenoid cartilage outer base curving forward up across outer thyroarytenoid **^**
extensor indicis -from posterior bases of Mc DP2 & MP2 to lower posterior interosseous membrane and ulna
uvula - from the palatine uvula mass of tissue toward the posterior palatine bone | lateral epicondyle
popliteus - from posterior medial upper tibia's down-pointing wedge above the soleal line to femur's **^**

heart, posterior pectinate - from posterior papillary muscle to lower posterior wall of heart
thyroarytenoid - lateral to the vocalis muscle (see above) toward muscular process of the arytenoid cartilage
extensor pollicis longus - from middle posterior ulna & interosseous membrane to posterior base of Mc DP1
stapedius - from pyramidal eminence medial to mastoid process to head of stapes/incus long arm juncture
soleus, outer - from top 1/3 of posterior fibula into calcaneal (Achilles) tendon to top of calcaneal tuberosity

^ & ^^ **:** ^ is Part 2's "Inroad Channel" (= Center of Gravity) & ^^ is the "Resulting Structure" (= Day's Bone +)

***Exit correspondents associated with Day 1, Day 2 & Day 3 structures are shown below**							**** Exits**
8:52a - 11:16a **|** Eye part 1 **|**	Thoracic duct	Kidney	LLS 1+2,p.1	LLS 5, p.1	RLS 8, p.1	Urethra
11:16a - 4:04p **|** Eye part 2 **|**	Parathyroids	Gallbladder	part 2	part 2	part 2	Armpits
4:04p - 12:52a **|** Eye part 3 **|**	Thyroid gland	Duodenum	part 3	part 3	part 3	Nipples
12:52a - 7:16a **|** Eye part 4 **|**	Cerebellum 2	Liver	part 4	part 4	part 4	Anus
7:16a - 8:04a **|** Eye part 5 **|**	Cerebrum 8	Lat.Vent.,L.F.	part 5	part 5	part 5	Eye
8:04a - 8:52a **|** Eye part 6 **|**	Cranial nerve IV	Nerve T4	part 6	part 6	part 6	Vagina

***** That which is formed is that which is needed to serve in altering organism structures to allow the organism to continually change to accord itself to its constantly altering universe.**

8:52 a.m. 7/2/1939 HUMAN as Bob or Pendulum from Crista Galli as Hook or Pivot for 3/30 - 4/1/2015

DAY 1 BOB HOOK COMPLEX is ETHMOID/Sphenoid BONE with breath through Nasolacrimal Duct (N.D.) & Superior Lacrimal Canaliculus to activate the Superior Petrosal Sinus thereby arranging the INFERIOR FRONTAL GYRUS to align UTRICLE OF THE EAR to form Lens,
"muscles" are the upper, lateral quadrant 3-member set (25-27) of 3 equatorial zonular fibers per set.

DAY 2 BOB-A is LACRIMAL/Triquetrum BONE with 2nd component of breath through N.D. & Inferior Lacrimal Canaliculus to activate Cavernous Sinus 3 thereby arranging TRIGEMINAL NERVE (C.N. V) to continue proper gyrus function, muscles are the dilator, sphincter and orbitalis of the eye.

DAY 3 BOB HOOK COMPLEX AID (BOB-A) is T5/MT 4 with 3rd component of breath through Superior Nasal Meatus & Incisive Canal to activate LLS 9 thereby arranging SPINAL NERVE 9 (T5 Spinal Nerve) to continue proper gyrus function, muscles are as shown.

In order for the above described Bob Hook Complex to approach optimal function, there can be no mis-alignment of its associated bone, muscle and organ structures. In the lower set of boxed columns below, preceded in the upper set by the enabling breath tracts, and aligned to the 6 spectral energy time intervals in 24 hours at left, are the 6 spectral energy associated structures as correlated with each numbered bone further below in the dated boxes. The 3 dated boxes then show the associated bone scaffold for Mt 4 with the muscles for each bone of the scaffold changing through the 3 dates to provide on-going bone adjustment.

TIME INTERVALS corresponding to the 6 periods in 24 hours in which energy need evolved from possible available ranges of spectral energy from radio to gamma rays:	1 Breath thru nasolacrimal duct into inferior lacrimal canaliculus to activate cavernous sinus 3 & Eye Apparatus:	2 Breath through middle nasal meatus to activate maxillary sinus and the	3 Breath through Eustacean tube to activate lateral semicircular duct ampulla and the	4 Breath through inferior nasal meatus & incisive canal to activate RLS 2:	5 Breath through middle nasal meatus & incisive canal to activate RLS 5:	6 Breath through superior nasal meatus & incisive canal to activate LLS 9:	EXIT ROUTES for unincorporated wave lengths of spectral energy:
8:52am-11:16am >	Part 1 <lymph>	Peyer's Patches	Kidney	Part 1	Part 1	Part 1	urethra
11:16am-4:04pm >	Part 2 <blood>	Aorta	Gallbladder	Part 2	Part 2	Part 2	armpits
4:04pm-12:52am >	Part 3<hormone>	Pyloric Gland	Duodenum	Part 3	Part 3	Part 3	nipples
12:52am-7:16am >	Part 4 <DNA>	Cerebellum 3	Liver	Part 4	Part 4	Part 4	anus
7:16am-8:04am >	Part 5 <RNA>	Cerebrum 9	Lat.Vent., R.B.	Part 5	Part 5	Part 5	eye
8:04am-8:52am >	Part 6 <protein>	Cranial Nerve V	Nerve T5	Part 6	Part 6	Part 6	vagina

3/30/2015 DAY 1 BOB HOOK COMPLEX above is altered in connection with Bob Center, Upper 1st Molar (by way of Mastoid Cells), through aegis of Inferior Frontal Gyrus.

Associated bones/muscles are (1) Lacrimal Bone - eye's dilator muscle
(2) Triquetrum - esophagus, longitudinal fibers

(3) S2
nasalis, alar part

(4) Mc 4
trapezius, frontmost part

(5) T5
longissimus capitis

(6) Mt 4
adductor hallucis, oblique head

3/31/2015 Day 2 Bob Hook Complex Aid (Bob-A) below is altered in connection with Bob Center, the Medial Sesamoid of Mt Ss 1 (by way of balanced, full Mt Ss 1).

DAY 2 BOB-A > (1) LACRIMAL BONE - eye's sphincter muscle
Associated bones/muscles are (2) Triquetrum - esophagus, circular fibers

(3) S2
inferior rectus of eye

(4) Mc 4
pectoralis, abdominal part

(5) T5
spinalis capitis & cervicis

(6) Mt 4
abductor hallucis

4/1/2015 Day 3 Bob Hook Complex Aid (Bob-A) below is altered in connection with Bob Center, RLS 9.

(1) Lacrimal Bone - eye's orbitalis muscle
(2) Triquetrum - esophagus, muscularis mucosa

(3) S2
nasalis, transverse part

(4) Mc 4
deltoid, frontmost part

(5) T5
iliocostalis thoracis & cervicis

(6) MT 4 > DAY 3 BOB-A
adductor hallucis, transverse head

PROCESS FOR ALTERING STRUCTURES
with the following occurances proposed as associated with progress toward optimal functioning

Read boxes from left to right	**Inhalation along given tracts "to" given structures,**	**Likely causes (1) eye tracts to receive spectral energy (with surrogate aid from 6 Exit correspondents*) & intake into**	**And (2) pressure (for alteration) on**	**Exhalation with no collapse of breath tract & structures,**	**Causes (1) pressure (for alteration) on**	**And (2)**	**And (3)**
Day 1 ^ = * see page bottom for each	Superior lacrimal canaliculi "to" Superior petrosal sinuses**,**	Upper 1st molars ^	Inferior frontal gyri ^^**;**	Sup.lac.can. & Sup. petrosal sinuses & 6 Exit correspondents* & Upper 1st molars ^ & Inferior frontal gyri ^^**,**	Upper 1st molars ^ **And intake into** Inferior frontal gyri ^^	Breath "to" Superior petrosal sinuses to disperse to receiving structures of the brain to serve during inhalation	Exhalation pressure brought to bear on 6 Exit correspondents* to precipitate that which*** will serve possible surrogate, specifically needed spectral energy roles during inhalation**;** unused "spectral energy" pressure of the breath cycle disperses to Exits**.
Day 2 ^ = * see below for each	Inferior lacrimal canaliculi "to" Cavernous sinuses 3**,**	As above but for the Medial sesamoid of Mt Ss 1s ^	As above but for the Lacrimal bones ^^**;** sesamoid of MtSs1s^ & Lacrimal bones ^^**,**	Inf. lac. can. & Cavernous sinuses 3 & 6 Exit correspondents* & Medial	Medial sesamoid of Mt Ss 1s ^ **And intake into** Lacrimal bones ^^	Breath "to" Cavernous sinuses 3 to disperse to receiving structures of the brain	As above
Day 3 ^ = * see below	Superior nasal meatus & incisive canal "to" LLS 9**,**	As above but for RLS 9 ^	As above but for Mt 4s ^^**;** RLS 9 ^ & Mt 4s ^^**,**	Sup. nas. m. & LLS 9 & 6 Exit correspondents* &	RLS 9 ^ **And intake into** Mt 4s ^^	Breath "to" LLS 9 to disperse to lung part destinations	As above

v = down arrow **Direction of Stretch for Muscles on Front of Page**

esophagus, longitudinal fibers - 1st fiber from anterior beginning to anterior end, then parallel rows around **v**
nasalis, alar part - from maxilla in area of lateral incisor tooth to posterior wing of nostril's cartilage | in 24 hours
trapezius, frontmost part - from medial occipital's superior nuchal line to upper border of lateral clavicle
longissimus capitis - from T5-T1 transverse & C7-C4 articular processes to mastoid process
adductor hallucis, oblique head - from Mt 4/3/2 bases & fibularis longus tendon to lateral MtSs1/Mt PP1 base

esophagus, circular fibers - from posterior end to make around-circling bands along to posterior beginning
inferior rectus of eye - from inferior surface of eyeball to common tendinous ring around optic nerve
pectoralis, abdominal part - from anterior lateral upper humerus to rib 6-7 coastal cartilage area
spinalis capitis & cervicis - from occipital bone & C2-C4 spinous processes down to those of C4-C7 & T1-T2
abductor hallucis - from medial plantar base of Mt PP1 to area of medial side of heel

esophagus, innermost fibers - from area of end of last circular fiber with bunched origin of oblique fibers progressing medially to esophagus anterior beginning, 1st fibers curving laterally away, with next fiber arcs straightening toward a final fiber back to anterior end of esophagus to area of 1st longitudinal fiber end
nasalis, transverse part - from maxilla bone at side of nostril slanting up to bridge of nose
deltoid, frontmost part - from lower border of lateral clavicle to just above mid-lateral humerus
iliocostalis thoracis & cervicis - from ribs 12-3 angles out&up to ribs 6-1 angles & C7-4 transverse processes
adductor hallucis, transverse head - from ligaments of Mt PP5/4/3 bases to lateral MtSs1/MtPP1 base

^ & ^^ **:** ^ is Part 2's "Inroad Channel" (= Center of Gravity) & ^^ is the "Resulting Structure" (= Day's Bone +)

***Exit correspondents associated with Day 1, Day 2 & Day 3 structures are shown below**						**** Exits**
8:52a - 11:16a **|** Eye part 1 **|**	Peyer's patches	Kidney	RLS 2, p.1	RLS 5, p.1	LLS 9, p.1	Urethra
11:16a - 4:04p **|** Eye part 2 **|**	Aorta	Gallbladder	part 2	part 2	part 2	Armpits
4:04p - 12:52a **|** Eye part 3 **|**	Pyloric gland	Duodenum	part 3	part 3	part 3	Nipples
12:52a - 7:16a **|** Eye part 4 **|**	Cerebellum 3	Liver	part 4	part 4	part 4	Anus
7:16a - 8:04a **|** Eye part 5 **|**	Cerebrum 9	Lat.Vent.,R.B.	part 5	part 5	part 5	Eye
8:04a - 8:52a **|** Eye part 6 **|**	Cranial nerve V	Nerve T5	part 6	part 6	part 6	Vagina

***** Being that which is needed to allow constant organism alteration for constant universe change.**

8:52 a.m. 7/2/1939 HUMAN as Bob or Pendulum from Crista Galli as Hook or Pivot for 4/2 - 4/4/2015

DAY 1 BOB HOOK COMPLEX is Ethmoid/SPHENOID BONE with breath through Nasolacrimal Duct (N.D.) & Superior Lacrimal Canaliculus to activate the Superior Petrosal Sinus thereby arranging the INFERIOR FRONTAL GYRUS, OPERCULAR PART to align UTRICLE OF THE EAR to form Lens, "muscles" are the upper, lateral quadrant 3-member set (28-30) of 3 equatorial zonular fibers per set.

DAY 2 BOB HOOK COMPLEX AID is MAXILLA/Pisiform BONE with 2nd component of breath through N.D. & Inferior Lacrimal Canaliculus to activate Cavernous Sinus 3 thereby arranging ABDUCENT NERVE (C.N. VI) to continue proper gyrus function, muscles are the dilator, sphincter and orbitalis of the eye.

DAY 3 BOB HOOK COMPLEX AID (BOB-A) is Rib 5/NAVICULAR with 3rd component of breath through Superior Nasal Meatus & Incisive Canal to activate LLS 9 thereby arranging SPINAL NERVE 10 (T6 Spinal Nerve) to continue proper gyrus function, muscles are as shown.

In order for the above described Bob Hook Complex to approach optimal function, there can be no misalignment of its associated bone, muscle and organ structures. In the lower set of boxed columns, preceded in the upper set by the enabling breath tracts, and aligned to the 6 spectral energy time intervals in 24 hours at left, are the 6 spectral energy associated structures as correlated with each numbered bone further below in the dated boxes. The 3 dated boxes then show the associated bone scaffold for the Navicular with the muscles for each bone of the scaffold changing through the 3 dates to provide on-going bone adjustment.

TIME INTERVALS corresponding to the 6 periods in 24 hours in which energy need evolved from possible available ranges of spectral energy from radio to gamma rays:	**1** Breath thru nasolacrimal duct into inferior lacrimal canaliculus to activate cavernous sinus 3 & Eye Apparatus:	**2** Breath through middle nasal meatus to activate maxillary sinus and the	**3** Breath through Eustacean tube to activate lateral semicircular duct ampulla and the	**4** Breath through inferior nasal meatus & incisive canal to activate RLS 2:	**5** Breath through middle nasal meatus & incisive canal to activate RLS 5:	**6** Breath through superior nasal meatus & incisive canal to activate LLS 9:	**EXIT ROUTES** for unincorporated wave lengths of spectral energy:
8:52am-11:16am >	Part 1 <lymph>	Peyer's Patches	Kidney	Part 1	Part 1	Part 1	urethra
11:16am-4:04pm >	Part 2 <blood>	Aorta	Gallbladder	Part 2	Part 2	Part 2	armpits
4:04pm-12:52am >	Part 3<hormone>	Pyloric Gland	Duodenum	Part 3	Part 3	Part 3	nipples
12:52am-7:16am >	Part 4 <DNA>	Cerebellum 3	Liver	Part 4	Part 4	Part 4	anus
7:16am-8:04am >	Part 5 <RNA>	Cerebrum 10	Lat.Vent., R.B.	Part 5	Part 5	Part 5	eye
8:04am-8:52am >	Part 6 <protein>	Cranial Nerve VI	Nerve T6	Part 6	Part 6	Part 6	vagina

4/2/2015 DAY 1 BOB HOOK COMPLEX above is altered in connection with Bob Center, Lower 1st Molar (by way of Mastoid Cells), through aegis of Inferior Frontal Gyrus, Opercular Part.

Associated bones/muscles are (1) Maxilla Bone - eye's dilator muscle
(2) Pisiform - stomach, outer longitudinal layer

(3) C6
orbicularis oculi, palpebral part

(4) Scaphoid
teres minor

(5) Rib 5
interspinalis cervicis

(6) Navicular
abductor digiti minimi, medial

4/3/2015 Day 2 Bob-A below is altered in connection with Bob Center, L5 (by way of balanced, full Mt Ss 1), bringing forth the Lateral Sesamoid of Mt Ss 1, isolating its Medial Ss and the Lacrimal Bone.

DAY 2 BOB-A > (1) MAXILLA BONE - eye's sphincter muscle
Associated bones/muscles are (2) Pisiform - stomach, middle circular layer

(3) C6
depressor supercilii

(4) Scaphoid
latissimus dorsi

(5) Rib 5
oblique capitis inferior

(6) Navicular
opponens digiti minimi

4/4/2015 Day 3 Bob Hook Complex Aid (Bob-A) below is altered in connection with Bob Center, LLS 9.

(1) Maxilla Bone - eye's orbitalis muscle
(2) Pisiform - stomach, inner oblique layer

(3) C6
orbicularis oculi, orbital part

(4) Scaphoid
teres major

(5) Rib 5
interspinalis lumborum

(6) NAVICULAR > DAY 3 BOB-A
abductor digiti minimi, lateral

PROCESS FOR ALTERING STRUCTURES
with the following occurances proposed as associated with progress toward optimal functioning

Read boxes from left to right	**Inhalation along given tracts "to" given structures,**	**Likely causes (1) eye tracts to receive spectral energy (with surrogate aid from 6 Exit correspondents*) & intake into**	**And (2) pressure (for alteration) on**	**Exhalation with no collapse of breath tract & structures,**	**Causes (1) pressure (for alteration) on**	**And (2)**	**And (3)**
Day 1 ^ = * see page bottom for each	Superior lacrimal canaliculi "to" Superior petrosal sinuses**,**	Lower 1st molars ^	Inferior frontal gyri, opercular part ^^**;**	Sup.lac.can. & Sup. petrosal sinuses & 6 Exit correspondents* & Lower 1st molars^ & Inferior frontal gyri, opercular part ^^	Lower 1st molars ^ **And intake into** Inferior frontal gyri, opercular part ^^	Breath "to" Superior petrosal sinuses to disperse to receiving structures of the brain to serve during inhalation	Exhalation pressure brought to bear on 6 Exit correspondents* to precipitate that which*** will serve possible surrogate, specifically needed spectral energy roles during inhalation**;** unused "spectral energy" pressure of the breath cycle disperses to Exits**.
Day 2 ^ = * see below for each	Inferior lacrimal canaliculi "to" Cavernous sinuses 3**,**	As above but for L5 ^ + Lateral sesamoid of Mt Ss 1s	As above but for the Maxilla bone ^^**;**	Inf. lac. can. & Cavernous sinuses 3 & 6 Exit correspondents* & L5 ^ + Lateral sesamoid of MtSs1s & Maxilla bone ^^**,**	L5 ^ + Lateral sesamoid of Mt Ss 1s **And intake into** Maxilla bone ^^	Breath "to" Cavernous sinuses 3 to disperse to receiving structures of the brain	As above
Day 3 ^ = * see below	Superior nasal meatus & incisive canal "to" LLS 9**,**	As above but for LLS 9 ^	As above but for Naviculars ^^**;**	Sup. nas. m. & LLS 9 & 6 Exit correspondents* & LLS 9 ^ & Naviculars ^^**,**	LLS 9 ^ **And intake into** Naviculars ^^	Breath "to" LLS 9 to disperse to lung part destinations	As above

^ / **v** = up / down arrows **Direction** of **Stretch** for **Muscles** on **Front** of **Page**

~ = line continuance in this section

lel fibers originating around esophageal juncture in 24 hours
stomach, outer longitudinal - from front of esophagus/stomach juncture to stomach/pylorus juncture, paral- **^**
orbicularis oculi, palpebral part - muscle forming eyelids from area of medial palpable ligament on around
teres minor - from scapula's posterior middle-upper lateral border to humerus's posterior greater tubercle
interspinalis cervicis - from lower spinous processes of cervical vertebrae to higher
abductor digiti minimi, medial - from between lateral & medial processes of calcaneus tuberosity to lateral **^**

side of Mt PP5 base

stomach, middle circular - around pylorus from back, fibers then circling in bands from back progressing to **v**
depressor supercilii - from lower forehead to medial palpebral ligament in medial corner of eye
latissimus dorsi - from most upper central anterior humerus around to lower thoracic / lumbar / sacral spine
oblique capitis inferior- from C1 transverse process to C2 spinous process
opponens digiti minimi - from lateral side of Mt PP5 base back to most lateral fibers of Mt 5 base

fundus

stomach, inner oblique layer - from fundus peak obliquely toward lateral wall, similar rows back to (**~** below)
orbicularis oculi, orbital part - outer muscle around eyelids from area of medial palpable ligament on around
teres major - from scapula's posterior lower lateral border to most upper medial anterior humerus
interspinalis lumborum - from lower spinous processes of lumbar vertebrae to higher
abductor digiti minimi, lateral - from lateral process of calcaneus tuberosity to lateral side of Mt PP5 base

~ cardiac notch, with last row along the inner curve of stomach to the 1st longitudinal fiber's end area

^ & ^^ **:** ^ is Part 2's "Inroad Channel" (= Center of Gravity) & ^^ is the "Resulting Structure" (= Day's Bone +)

***Exit correspondents associated with Day 1, Day 2 & Day 3 structures are shown below**						**** Exits**
8:52a - 11:16a **|** Eye part 1 **|**	Peyer's patches	Kidney	RLS 2, p.1	RLS 5, p.1	LLS 9, p.1	Urethra
11:16a - 4:04p **|** Eye part 2 **|**	Aorta	Gallbladder	part 2	part 2	part 2	Armpits
4:04p - 12:52a **|** Eye part 3 **|**	Pyloric gland	Duodenum	part 3	part 3	part 3	Nipples
12:52a - 7:16a **|** Eye part 4 **|**	Cerebellum 3	Liver	part 4	part 4	part 4	Anus
7:16a - 8:04a **|** Eye part 5 **|**	Cerebrum 10	Lat.Vent.,R.B.	part 5	part 5	part 5	Eye
8:04a - 8:52a **|** Eye part 6 **|**	Cranial nerve VI	Nerve T6	part 6	part 6	part 6	Vagina

***** Being that which is needed to allow constant organism alteration for constant universe change.**

8:52 a.m. 7/2/1939 HUMAN as Bob or Pendulum from Crista Galli as Hook or Pivot for 4/5 - 4/7/2015

DAY 1 BOB HOOK COMPLEX is ETHMOID/Sphenoid BONE with breath through Nasolacrimal Duct (N.D.) & Superior Lacrimal Canaliculus to activate the Superior Petrosal Sinus thereby arranging the INFERIOR FRONTAL GYRUS, TRIANGULAR PART to align SACCULE OF THE EAR to form Lens, "muscles" are the upper, lateral quadrant 3-member set (31-33) of 3 equatorial zonular fibers per set.

DAY 2 BOB-A is LACRIMAL/Hook of Hamate BONE with 2nd component of breath through N.D. & Inferior Lacrimal Canaliculus to activate Cavernous Sinus 3 thereby arranging TRIGEMINAL NERVE (C.N. V) to continue proper gyrus function, muscles are the dilator, sphincter and orbitalis of the eye.

DAY 3 BOB HOOK COMPLEX AID (BOB-A) is T6/MT PP4 with 3rd component of breath through Superior Nasal Meatus & Incisive Canal to activate LLS 9 thereby arranging SPINAL NERVE 11 (T7 Spinal Nerve) to continue proper gyrus function, muscles are as shown.

In order for the above described Bob Hook Complex to approach optimal function, there can be no mis-alignment of its associated bone, muscle and organ structures. In the lower set of boxed columns below, preceded in the upper set by the enabling breath tracts, and aligned to the 6 spectral energy time intervals in 24 hours at left, are the 6 spectral energy associated structures as correlated with each numbered bone further below in the dated boxes. The 3 dated boxes then show the associated bone scaffold for Mt PP4 with the muscles for each bone of the scaffold changing through the 3 dates to provide on-going bone adjustment.

TIME INTERVALS corresponding to the 6 periods in 24 hours in which energy need evolved from possible available ranges of spectral energy from radio to gamma rays:	1 Breath thru nasolacrimal duct into inferior lacrimal canaliculus to activate cavernous sinus 3 & Eye Apparatus:	2 Breath through middle nasal meatus to activate maxillary sinus and the	3 Breath through Eustacean tube to activate utricle of the ear and the	4 Breath through inferior nasal meatus & incisive canal to activate RLS 2:	5 Breath through middle nasal meatus & incisive canal to activate RLS 5:	6 Breath through superior nasal meatus & incisive canal to activate LLS 9:	EXIT ROUTES for unincor-porated wave lengths of spectral energy:
8:52am-11:16am >	Part 1 <lymph>	Peyer's Patches	Kidney	Part 1	Part 1	Part 1	urethra
11:16am-4:04pm >	Part 2 <blood>	Aorta	Gallbladder	Part 2	Part 2	Part 2	armpits
4:04pm-12:52am >	Part 3<hormone>	Pyloric Gland	Duodenum	Part 3	Part 3	Part 3	nipples
12:52am-7:16am >	Part 4 <DNA>	Cerebellum 3	Liver	Part 4	Part 4	Part 4	anus
7:16am-8:04am >	Part 5 <RNA>	Cerebrum 11	Lat.Vent., R.B.	Part 5	Part 5	Part 5	eye
8:04am-8:52am >	Part 6 <protein>	Cranial Nerve V	Nerve T7	Part 6	Part 6	Part 6	vagina

4/5/2015 DAY 1 BOB HOOK COMPLEX above is altered in connection with Bob Center, Upper 2nd Pre-Molar (by way of Mastoid Cells), through aegis of Inferior Frontal Gyrus, Triangular Part.

Associated bones/muscles are (1) Lacrimal Bone - eye's dilator muscle
(2) Hook of Hamate - small intestine, longitudinal fibers

(3) S1
orbicularis oris, superficial fibers

(4) Mc PP4
subscapularis

(5) T6
longissimus thoracis & cervicis

(6) Mt PP4
quadratus plantae, medial

4/6/2015 Day 2 Bob Hook Complex Aid (Bob-A) below is altered in connection with Bob Center, the Medial Sesamoid of Mt Ss 1 (by way of balanced, full Mt Ss 1).

DAY 2 BOB-A > (1) LACRIMAL BONE - eye's sphincter muscle
Associated bones/muscles are (2) Hook of Hamate - small intestine, circular fibers

(3) S1
medial rectus of eye

(4) Mc PP4
supraspinatus

(5) T6
spinalis thoracis

(6) Mt PP4
interosseous lumbrical no. 1

4/7/2015 Day 3 Bob Hook Complex Aid (Bob-A) below is altered in connection with Bob Center, RLS 8.

(1) Lacrimal Bone - eye's orbitalis muscle
(2) Hook of Hamate - small intestine, muscularis mucosa

(3) S1
risorius

(4) Mc PP4
infraspinatus

(5) T6
iliocostalis lumborum

(6) MT PP4 > DAY 3 BOB-A
quadratus plantae, lateral

PROCESS FOR ALTERING STRUCTURES
with the following occurances proposed as associated with progress toward optimal functioning

Read boxes from left to right	**Inhalation along given tracts "to" given structures,**	**Likely causes (1) eye tracts to receive spectral energy (with surrogate aid from 6 Exit correspondents*) & intake into**	**And (2) pressure (for alteration) on**	**Exhalation with no collapse of breath tract & structures,**	**Causes (1) pressure (for alteration) on**	**And (2)**	**And (3)**
Day 1 ^ = * see page bottom for each	Superior lacrimal canaliculi "to" Superior petrosal sinuses**,**	Upper 2nd pre-molars ^	Inferior frontal gyri, triangular part ^^**;** & Inferior frontal gyri, triangular part ^^**,**	Sup.lac.can. & Sup. petrosal sinuses & 6 Exit correspondents* & Upper 2nd pre-molars ^	Upper 2nd pre-molars ^ **And intake into** Inferior frontal gyri, triangular part ^^	Breath "to" Superior petrosal sinuses to disperse to receiving structures of the brain to serve during inhalation	Exhalation pressure brought to bear on 6 Exit correspondents* to precipitate that which*** will serve possible surrogate, specifically needed spectral energy roles during inhalation**;** unused "spectral energy" pressure of the breath cycle disperses to Exits**.
Day 2 ^ = * see below for each	Inferior lacrimal canaliculi "to" Cavernous sinuses 3**,**	As above but for the Medial sesamoid of Mt Ss 1s ^	As above but for the Lacrimal bones ^^**;** & Lacrimal bones ^^**,**	Inf. lac. can. & Cavernous sinuses 3 & 6 Exit correspondents* & Medial sesamoid of MtSs1s^	Medial sesamoid of Mt Ss 1s ^ **And intake into** Lacrimal bones ^^	Breath "to" Cavernous sinuses 3 to disperse to receiving structures of the brain	As above
Day 3 ^ = * see below	Superior nasal meatus & incisive canal "to" LLS 9**,**	As above but for RLS 8 ^	As above but for Mt PP4s^^**;** RLS 8 ^ & Mt PP4s ^^**,**	Sup. nas. m. & LLS 9 & 6 Exit correspondents* &	RLS 8 ^ **And intake into** Mt PP4s ^^	Breath "to" LLS 9 to disperse to lung part destinations	As above

Note: Maintain alignment of L5**/**pisiform, McSs2**/**incus, McSs1**/**hyoid, MtSs1**/**patella.

v = down arrow **Direction** of **Stretch** for **Muscles** on **Front** of **Page**

~ = line continuance in this section

~ at duodenum front with last oblique fiber end at ileum top end

small intestine, longitudinal fibers -1st fiber from front beginning (duodenum) to top end (ileum),then parallel **v** rows around in 24 hrs
orbicularis oris, superficial fibers - less deep muscle fibers around lips above & below
subscapularis - from most of anterior scapula to just below anterior medial top of humerus
longissimus thoracis & cervicis - from sacrum & lower transverse processes to those higher to C2 & ribs
quadratus plantae, medial - from medial calcaneus bottom surface to flexor digitorum longus tendon centrally

small intestine, circular fibers **-**from bottom end (ileum) making around-circling bands to duodenum beginning
medial rectus of eye - from medial surface of eyeball to common tendinous ring around optic nerve
supraspinatus - from outer top of humerus (greater tubercle) to posterior upper scapula
spinalis thoracis -from upper thoracic spinous processes to those of lowest thoracic & upper lumbar vertebrae
interosseous lumbrical no. 1 - from medial base of Mt PP2 to along medial flexor digitorum longus 1st tendon

small intestine, muscularis mucosa - bunched origin of rows of oblique fibers from end of last circling-band **~**
risorius - from cheek (over deeper muscles) straight in toward corner of mouth
infraspinatus - from much of lower posterior scapula to just below posterior lateral top of humerus
iliocostalis lumborum - centrally from tailbone area & top of hipbone (iliac crest) to lower ribs at their angles
quadratus plantae, lateral - from lateral calcaneus bottom surface to flexor digitorum longus tendon centrally

^ & ^^ **:** ^ is Part 2's "Inroad Channel" (= Center of Gravity) & ^^ is the "Resulting Structure" (= Day's Bone +)

***Exit correspondents associated with Day 1, Day 2 & Day 3 structures are shown below**						**** Exits**
8:52a - 11:16a **|** Eye part 1 **|**	Peyer's patches	Kidney	RLS 2, p.1	RLS 5, p.1	LLS 9, p.1	Urethra
11:16a - 4:04p **|** Eye part 2 **|**	Aorta	Gallbladder	part 2	part 2	part 2	Armpits
4:04p - 12:52a **|** Eye part 3 **|**	Pyloric gland	Duodenum	part 3	part 3	part 3	Nipples
12:52a - 7:16a **|** Eye part 4 **|**	Cerebellum 3	Liver	part 4	part 4	part 4	Anus
7:16a - 8:04a **|** Eye part 5 **|**	Cerebrum 11	Lat.Vent.,R.B.	part 5	part 5	part 5	Eye
8:04a - 8:52a **|** Eye part 6 **|**	Cranial nerve V	Nerve T7	part 6	part 6	part 6	Vagina

***** Being that which is needed to allow constant organism alteration for constant universe change.**

8:52 a.m. 7/2/1939 HUMAN as Bob or Pendulum from Crista Galli as Hook or Pivot for 4/8 - 4/10/2015

DAY 1 BOB HOOK COMPLEX is Ethmoid/SPHENOID BONE with breath through Nasolacrimal Duct (N.D.) & Superior Lacrimal Canaliculus to activate the Superior Petrosal Sinus thereby arranging the INFERIOR FRONTAL GYRUS, ORBITAL PART to align SACCULE OF THE EAR to form Lens, "muscles" are the upper, lateral quadrant 3-member set (34-36) of 3 equatorial zonular fibers per set.

DAY 2 BOB HOOK COMPLEX AID is MAXILLA/Lunate BONE with 2nd component of breath through N.D. & Inferior Lacrimal Canaliculus to activate Cavernous Sinus 3 thereby arranging ABDUCENT NERVE (C.N. VI) to continue proper gyrus function, muscles are the dilator, sphincter and orbitalis of the eye.

DAY 3 BOB HOOK COMPLEX AID is Rib 6/CUNEIFORM INTERMEDIATE with 3rd component of breath through Superior Nasal Meatus & Incisive Canal to activate LLS 9 thereby arranging SPINAL NERVE 12 (T8 Spinal Nerve) to continue proper gyrus function, muscles are as shown.

In order for the above described Bob Hook Complex to approach optimal function, there can be no misalignment of its associated bone, muscle and organ structures. In the lower set of boxed columns, preceded in the upper set by the enabling breath tracts, and aligned to the 6 spectral energy time intervals in 24 hours at left, are the 6 spectral energy associated structures as correlated with each numbered bone further below in the dated boxes. The 3 dated boxes then show the associated bone scaffold for the Cuneiform Intermediate with muscles for each bone of the scaffold changing through the 3 dates to provide on-going bone adjustment.

TIME INTERVALS corresponding to the 6 periods in 24 hours in which energy need evolved from possible available ranges of spectral energy from radio to gamma rays:	1 Breath thru nasolacrimal duct into inferior lacrimal canaliculus to activate cavernous sinus 3 & Eye Apparatus:	2 Breath through middle nasal meatus to activate maxillary sinus and the	3 Breath through Eustacean tube to activate utricle of the ear and the	4 Breath through inferior nasal meatus & incisive canal to activate RLS 2:	5 Breath through middle nasal meatus & incisive canal to activate RLS 5:	6 Breath through superior nasal meatus & incisive canal to activate LLS 9:	EXIT ROUTES for unincorporated wave lengths of spectral energy:
8:52am-11:16am >	Part 1 <lymph>	Peyer's Patches	Kidney	Part 1	Part 1	Part 1	urethra
11:16am-4:04pm >	Part 2 <blood>	Aorta	Gallbladder	Part 2	Part 2	Part 2	armpits
4:04pm-12:52am >	Part 3<hormone>	Pyloric Gland	Duodenum	Part 3	Part 3	Part 3	nipples
12:52am-7:16am >	Part 4 <DNA>	Cerebellum 3	Liver	Part 4	Part 4	Part 4	anus
7:16am-8:04am >	Part 5 <RNA>	Cerebrum 12	Lat.Vent., R.B.	Part 5	Part 5	Part 5	eye
8:04am-8:52am >	Part 6 <protein>	Cranial Nerve VI	Nerve T8	Part 6	Part 6	Part 6	vagina

4/8/2015 DAY 1 BOB HOOK COMPLEX above is altered in connection with Bob Center, Lower 2nd Pre-Molar (by way of Mastoid Cells), through aegis of Inferior Frontal Gyrus, Orbital Part.

Associated bones/muscles are (1) Maxilla Bone - eye's dilator muscle
(2) Lunate - longitudinal bundle of bile duct

(3) C7
levator anguli oris

(4) Trapezoid
pectoralis major, clavicular part

(5) Rib 6
semispinalis cervicis

(6) Cuneiform Intermediate
interosseous plantar

4/9/2015 Day 2 Bob-A below is altered in connection with Bob Center, L5 (by way of balanced, full Mt Ss 1), bringing forth the Lateral Sesamoid of Mt Ss 1, isolating its Medial Ss and the Lacrimal Bone.

DAY 2 BOB-A > (1) MAXILLA BONE - eye's sphincter muscle
Associated bones/muscles are (2) Lunate - common bile duct (choledochal) sphincter

(3) C7
depressor septi nasi

(4) Trapezoid
pectoralis minor

(5) Rib 6
splenius cervicis

(6) Cuneiform Intermediate
interosseous lumbrical nos. 2, 3, 4

4/10/2015 Day 3 Bob Hook Complex Aid (Bob-A) below is altered in connection with Bob Center,
(1) Maxilla Bone - eye's orbitalis muscle **LLS 7+8.**
(2) Lunate - hepatopancreatic ampulla sphincter

(3) C7
depressor anguli oris

(4) Trapezoid
pectoralis major, sternal part

(5) Rib 6
semispinalis thoracis

(6) CUNEIFORM INTERMEDIATE > DAY 3 BOB-A
interosseous dorsal

PROCESS FOR ALTERING STRUCTURES
with the following occurances proposed as associated with progress toward optimal functioning

Read boxes from left to right	**Inhalation along given tracts "to" given structures,**	**Likely causes (1) eye tracts to receive spectral energy (with surrogate aid from 6 Exit correspondents*) & intake into**	**And (2) pressure (for alteration) on**	**Exhalation with no collapse of breath tract & structures,**	**Causes (1) pressure (for alteration) on**	**And (2)**	**And (3)**
Day 1 ^ = * see page bottom for each	Superior lacrimal canaliculi "to" Superior petrosal sinuses,	Lower 2nd pre-molars ^	Inferior frontal gyri, orbital part ^^;	Sup.lac.can. & Sup. petrosal sinuses & 6 Exit correspondents* & Lower 2nd pre-molars ^	Lower 2nd pre-molars ^ **And intake into** Inferior frontal gyri, orbital part ^^	Breath "to" Superior petrosal sinuses to disperse to receiving structures of the brain to serve during inhalation	Exhalation pressure brought to bear on 6 Exit correspondents* to precipitate that which*** will serve possible surrogate, specifically needed spectral energy roles during inhalation; unused "spectral energy" pressure of the breath cycle disperses to Exits**.
Day 2 ^ = * see below for each	Inferior lacrimal canaliculi "to" Cavernous sinuses 3,	As above but for L5 ^ + Lateral sesamoid of Mt Ss 1s	As above but for the Maxilla bone ^^;	Inf. lac. can. & Cavernous sinuses 3 & 6 Exit correspondents* & L5 ^ + Lateral sesamoid of MtSs1s & Maxilla bone ^^,	L5 ^ + Lateral sesamoid of Mt Ss 1s **And intake into** Maxilla bone ^^	Breath "to" Cavernous sinuses 3 to disperse to receiving structures of the brain	As above
Day 3 ^ = * see below	Superior nasal meatus & incisive canal "to" LLS 9,	As above but for LLS 7+8 ^ intermediates ^^; LLS 7+8 ^ & Cuneiform intermediates^^,	As above but for Cuneiform	Sup.nas.m. & LLS 9 & 6 Exit correspondents* &	LLS 7+8^ & **intake into** Cuneiform intermediates ^^	Breath "to" LLS 9 to disperse to lung part destinations	As above

Note: Maintain alignment of L5**/**pisiform, McSs2**/**incus, McSs1**/**hyoid, MtSs1**/**patella.

^/v = up**/**down arrow **Direction** of **Stretch** for **Muscles** on **Front** of **Page** **~** = line continuance in 24 hrs.

longitudinal bundle of bile duct - rows of stretch down bile duct from upper anterior, then posteriorly around **^**
levator anguli oris - from under eye straight down into lip corners underneath other levator facial muscles
pectoralis major, clavicular part - along clavicle from sternum top to anterior lateral upper humerus
semispinalis cervicis -from transverse processes of upper 5-6 thoracic vertebrae to spinous processes of **~~v**
interosseous plantar - from medial side of Mt 3-5 to same of Mt PP3-5 **~** to 1st longitudinal fiber end in 24 hrs.

common bile duct (choledochal) sphincter - bands of circular stretch in 24 hrs. from lower back of bile duct up
depressor septi nasi - from the nasal septum straight down into the central upper lip muscles
pectoralis minor - from scapula's coracoid process to ribs 2-5 close to their costal cartilages parts
splenius cervicis - from highest cervical transverse processes down to upper thoracic spinous processes
interosseous lumbrical nos. 2, 3, 4 - from Mt PP3-5 medial base back to toes' flexor digitorum longus tendons

hepatopancreatic ampulla sphincter - bunched origins of oblique stretch from upper anterior straightening **~ ^**
depressor anguli oris - from chin's bottom edge below lip corners up into these corners ~~some 6 vertebrae above
pectoralis major, sternal part - from sternum length & 6th rib costal part to anterior lateral upper humerus
semispinalis thoracis -from transverse processes of lower 5-6 thoracic vertebrae to spinous processes of **~~^**
interosseous dorsal - from Mt 1 base & adjacent sides of Mt 2-5 to Mt PP2 both sides & PP3-4 lateral sides

^ & ^^ **:** ^ is Part 2's "Inroad Channel" (= Center of Gravity) & ^^ is the "Resulting Structure" (= Day's Bone +)

***Exit correspondents associated with Day 1, Day 2 & Day 3 structures are shown below**						**** Exits**
8:52a - 11:16a **|** Eye part 1 **|**	Peyer's patches	Kidney	RLS 2, p.1	RLS 5, p.1	LLS 9, p.1	Urethra
11:16a - 4:04p **|** Eye part 2 **|**	Aorta	Gallbladder	part 2	part 2	part 2	Armpits
4:04p - 12:52a **|** Eye part 3 **|**	Pyloric gland	Duodenum	part 3	part 3	part 3	Nipples
12:52a - 7:16a **|** Eye part 4 **|**	Cerebellum 3	Liver	part 4	part 4	part 4	Anus
7:16a - 8:04a **|** Eye part 5 **|**	Cerebrum 12	Lat.Vent.,R.B.	part 5	part 5	part 5	Eye
8:04a - 8:52a **|** Eye part 6 **|**	Cranial nerve VI	Nerve T8	part 6	part 6	part 6	Vagina

***** That which is formed is that which is needed to serve in altering organism structures to allow the organism to continually change to accord itself to its constantly altering universe.**

8:52 a.m. 7/2/1939 HUMAN as Bob or Pendulum from Crista Galli as Hook or Pivot for 4/11 - 4/13/2015

DAY 1 BOB HOOK COMPLEX is ETHMOID/Sphenoid BONE with breath through Nasolacrimal Duct (N.D.) & Superior Lacrimal Canaliculus to activate the Inferior Petrosal Sinus thereby arranging the SUPRAMARGINAL GYRUS to align INNER HAIR CELLS OF THE COCHLEA to form Lens,
"muscles" are the lateral-most 3-member set (37-39) of 3 equatorial zonular fibers per set.

DAY 2 BOB-A is LACRIMAL/Malleus BONE with 2nd component of breath through N.D. & Inferior Lacrimal Canaliculus to activate Cavernous Sinus 4 thereby arranging FACIAL NERVE (C.N. VII) to continue proper gyrus function, muscles are the dilator, sphincter and orbitalis of the eye.

DAY 3 BOB HOOK COMPLEX AID (BOB-A) is T7/MT MP4 with 3rd component of breath through Superior Nasal Meatus & Incisive Canal to activate RLS 9 thereby arranging SPINAL NERVE 13 (T9 Spinal Nerve) to continue proper gyrus function, muscles are as shown.

In order for the above described Bob Hook Complex to approach optimal function, there can be no mis-alignment of its associated bone, muscle and organ structures. In the lower set of boxed columns below, preceded in the upper set by the enabling breath tracts, and aligned to the 6 spectral energy time intervals in 24 hours at left, are the 6 spectral energy associated structures as correlated with each numbered bone further below in the dated boxes. The 3 dated boxes then show the associated bone scaffold for Mt MP4 with the muscles for each bone of the scaffold changing through the 3 dates to provide on-going bone adjustment.

TIME INTERVALS corresponding to the 6 periods in 24 hours in which energy need evolved from possible available ranges of spectral energy from radio to gamma rays:	1 Breath thru nasolacrimal duct into inferior lacrimal canaliculus to activate cavernous sinus 4 & Eye Apparatus:	2 Breath through Eustacean tube to activate tympanic cells and the	3 Breath through Eustacean tube to activate saccule of the ear and the	4 Breath through inferior nasal meatus & incisive canal to activate LLS 3:	5 Breath through middle nasal meatus & incisive canal to activate LLS 6:	6 Breath through superior nasal meatus & incisive canal to activate RLS 9:	EXIT ROUTES for unincor-porated wave lengths of spectral energy:
8:52am-11:16am >	Part 1 <lymph>	Spleen	Kidney	Part 1	Part 1	Part 1	urethra
11:16am-4:04pm >	Part 2 <blood>	Subclavian Artery	Gallbladder	Part 2	Part 2	Part 2	armpits
4:04pm-12:52am >	Part 3<hormone>	Pancreas	Duodenum	Part 3	Part 3	Part 3	nipples
12:52am-7:16am >	Part 4 <DNA>	Cerebellum 4	Liver	Part 4	Part 4	Part 4	anus
7:16am-8:04am >	Part 5 <RNA>	Cerebrum 13	Lat.Vent., L.B.	Part 5	Part 5	Part 5	eye
8:04am-8:52am >	Part 6 <protein>	Cranial Nerve VII	Nerve T9	Part 6	Part 6	Part 6	vagina

4/11/2015 DAY 1 BOB HOOK COMPLEX above is altered in connection with Bob Center*, Upper 1st Pre-Molar (by way of Frontal Sinus), through aegis of the Supramarginal Gyrus.

Associated bones/muscles are (1) Lacrimal Bone - eye's dilator muscle
(2) Malleus - large intestine, longitudinal fibers

(3) Cx 1
levator labii superioris alaeque nasi

(4) Mc MP4
trapezius, 2nd front part

(5) T7
longus colli, superior oblique part

(6) Mt MP4
extensor hallucis/digitorum brevis

* Bob Center is body's Center of Gravity

4/12/2015 Day 2 Bob Hook Complex Aid (Bob-A) below is altered in connection with Bob Center, the Medial Sesamoid of Mt Ss 1 (by way of balanced, full Mt Ss 1).

DAY 2 BOB-A > (1) LACRIMAL BONE - eye's sphincter muscle
Associated bones/muscles are (2) Malleus - large intestine, circular fibers

(3) Cx 1
lateral rectus of eye

(4) Mc MP4
trapezius, middle part

(5) T7
longus colli, vertical part

(6) Mt MP4
extensor hallucis longus

4/13/2015 Day 3 Bob Hook Complex Aid (Bob-A) below is altered in connection with Bob Center, RLS 7.

(1) Lacrimal Bone - eye's orbitalis muscle
(2) Malleus - large intestine, muscularis mucosa

(3) Cx 1
mentalis

(4) Mc MP4
trapezius, back part

(5) T7
longus colli, inferior oblique part

(6) MT MP4 > DAY 3 BOB-A
extensor digitorum longus & fibularis tertius

PROCESS FOR ALTERING STRUCTURES
with the following occurances proposed as associated with progress toward optimal functioning

Read boxes from left to right	**Inhalation along given tracts "to" given structures,**	**Likely causes (1) eye tracts to receive spectral energy (with surrogate aid from 6 Exit correspondents*) & intake into**	**And (2) pressure (for alteration) on**	**Exhalation with no collapse of breath tract & structures,**	**Causes (1) pressure (for alteration) on**	**And (2)**	**And (3)**
Day 1 ^ = * see page bottom for each	Superior lacrimal canaliculi "to" Inferior petrosal sinuses**,**	Upper 1st pre-molars ^	Supra-marginal gyri ^^**;**	Sup.lac.can. & Inf. petrosal sinuses & 6 Exit correspondents* & Upper 1st pre-molars ^ & Supramarginal gyri ^^**,**	Upper 1st pre-molars ^ **And intake into** Supra-marginal gyri ^^	Breath "to" Inferior petrosal sinuses to disperse to receiving structures of the brain to serve during inhalation	Exhalation pressure brought to bear on 6 Exit correspondents* to precipitate that which*** will serve possible surrogate, specifically needed spectral energy roles during inhalation**;** unused "spectral energy" pressure of the breath cycle disperses to Exits**.
Day 2 ^ = * see below for each	Inferior lacrimal canaliculi "to" Cavernous sinuses 4**,**	As above but for the Medial sesamoid of Mt Ss 1s ^	As above but for the Lacrimal bones ^^**;**	Inf. lac. can. & Cavernous sinuses 4 & 6 Exit correspondents* & Medial sesamoid of MtSs1s^ & Lacrimal bones ^^**,**	Medial sesamoid of Mt Ss 1s ^ **And intake into** Lacrimal bones ^^	Breath "to" Cavernous sinuses 4 to disperse to receiving structures of the brain	As above
Day 3 ^ = * see below	Superior nasal meatus & incisive canal "to" RLS 9**,**	As above but for RLS 7 ^	As above but for Mt MP4s^^**;**	Sup. nas. m. & RLS 9 & 6 Exit correspondents* & RLS 7 ^ & Mt MP4s ^^**,**	RLS 7 ^ **And intake into** Mt MP4s ^^	Breath "to" RLS 9 to disperse to lung part destinations	As above

Note: Maintain alignment of L5**/**pisiform, McSs2**/**incus, McSs1**/**hyoid, MtSs1**/**patella.

^ = up arrow **Direction** of **Stretch** for **Muscles on Front** **~ =** line continuance

colic tenia in 24 hours
large intestine, longitudinal fibers - from ileal orifice area, maybe omental fiber rows, then free, then meso**- ^**
levator labii superioris alaeque nasi - from just below inner corner of eye into side of nose and lip below
trapezius, 2nd front part - from occipital's posterior point (external occipital protuberance) to front acromion
longus colli, superior oblique part - from anterolateral T3-T2 bodies to anterolateral C1 body | Mt PP1-4
extensor hallucis/digitorum brevis - from dorsal/lateral calcaneus, as tendons to extensor longus tendons at**^**

large intestine, circular fibers - bands of encircling fibers from end to beginning of large intestine
lateral rectus of eye - from lateral surface of eyeball to common tendinous ring around optic nerve
trapezius, middle part - from scapula's dorsal acromion to ligamentum nuchae above C7 spinous process
longus colli, vertical part - from anterolateral C2-C4 bodies to anterolateral C5-T3 bodies
extensor hallucis longus - from Mt DP1 anterior base to middle medial fibula/interosseous membrane

large intestine, muscularis mucosa - oblique fibers from area of last circular fiber's end, 1st laterally, then **~**
mentalis - centrally from chin's tip to mandible's depression below incisive teeth (incisive fossa)
trapezius, back part - from T12-T1 & C7 spinous processes to upper border of spine of scapula | tubercles
longus colli, inferior oblique part - from anterolateral T3-T2 bodies to C6-C5 transverse processes' anterior **^**
extensor digitorum longus & fibularis tertius - from tibia's lateral condyle & anteromedial fibula, then down **~~**

~ toward 1st longitudinal fiber's end ~~ anterior fibula into medial tendon to Mt MP/DP2-5 anterior bases

^ & ^^ **:** ^ is Part 2's "Inroad Channel" (= Center of Gravity) & ^^ is the "Resulting Structure" (= Day's Bone +)

***Exit correspondents associated with Day 1, Day 2 & Day 3 structures are shown below**						**** Exits**
8:52a - 11:16a **|** Eye part 1 **|**	Spleen	Kidney	LLS 3, p.1	LLS 6, p.1	RLS 9, p.1	Urethra
11:16a - 4:04p **|** Eye part 2 **|**	Subclavian Artery	Gallbladder	part 2	part 2	part 2	Armpits
4:04p - 12:52a **|** Eye part 3 **|**	Pancreas	Duodenum	part 3	part 3	part 3	Nipples
12:52a - 7:16a **|** Eye part 4 **|**	Cerebellum 4	Liver	part 4	part 4	part 4	Anus
7:16a - 8:04a **|** Eye part 5 **|**	Cerebrum 13	Lat.Vent.,L.B.	part 5	part 5	part 5	Eye
8:04a - 8:52a **|** Eye part 6 **|**	Cranial nerve VII	Nerve T9	part 6	part 6	part 6	Vagina

***** Being that which is needed to allow constant organism alteration for constant universe change.**

8:52 a.m. 7/2/1939 HUMAN as Bob or Pendulum from Crista Galli as Hook or Pivot for 4/14 - 4/16/2015

DAY 1 BOB HOOK COMPLEX is Ethmoid/SPHENOID BONE with breath through Nasolacrimal Duct (N.D.) & Superior Lacrimal Canaliculus to activate the Inferior Petrosal Sinus thereby arranging the SUPERIOR TEMPORAL GYRUS to align INNER HAIR CELLS OF THE COCHLEA to form Lens, "muscles" are the lower, lateral quadrant 3-member set (40-42) of 3 equatorial zonular fibers per set.

DAY 2 BOB-A is MAXILLA/Incus BONE with 2nd component of breath through N.D. & Inferior Lacrimal Canaliculus to activate Cavernous Sinus 4 thereby arranging VESTIBULOCOCHLEAR NERVE (C.N. VIII) to continue proper gyrus function, muscles are the dilator, sphincter and orbitalis of the eye.

DAY 3 BOB HOOK COMPLEX AID is Rib 7/CUNEIFORM LATERAL with 3rd component of breath through Superior Nasal Meatus & Incisive Canal to activate LLS 9 thereby arranging SPINAL NERVE 14 (T10 Spinal Nerve) to continue proper gyrus function, muscles are as shown.

In order for the above described Bob Hook Complex to approach optimal function, there can be no misalignment of its associated bone, muscle and organ structures. In the lower set of boxed columns, preceded in the upper set by the enabling breath tracts, and aligned to the 6 spectral energy time intervals in 24 hours at left, are the 6 spectral energy associated structures as correlated with each numbered bone further below in the dated boxes. The 3 dated boxes then show the associated bone scaffold for the Cuneiform Lateral with the muscles for each bone of the scaffold changing through the 3 dates to provide on-going bone adjustment.

TIME INTERVALS corresponding to the 6 periods in 24 hours in which energy need evolved from possible available ranges of spectral energy from radio to gamma rays:	1 Breath thru nasolacrimal duct into inferior lacrimal canaliculus to activate cavernous sinus 4 & Eye Apparatus:	2 Breath through Eustacean tube to activate tympanic cells and the	3 Breath through Eustacean tube to activate saccule of the ear and the	4 Breath through inferior nasal meatus & incisive canal to activate LLS 3:	5 Breath through middle nasal meatus & incisive canal to activate LLS 6:	6 Breath through superior nasal meatus & incisive canal to activate RLS 9:	EXIT ROUTES for unincorporated wave lengths of spectral energy:
8:52am-11:16am >	Part 1 <lymph>	Spleen	Kidney	Part 1	Part 1	Part 1	urethra
11:16am-4:04pm >	Part 2 <blood>	Subclavian Artery	Gallbladder	Part 2	Part 2	Part 2	armpits
4:04pm-12:52am >	Part 3<hormone>	Pancreas	Duodenum	Part 3	Part 3	Part 3	nipples
12:52am-7:16am >	Part 4 <DNA>	Cerebellum 4	Liver	Part 4	Part 4	Part 4	anus
7:16am-8:04am >	Part 5 <RNA>	Cerebrum 14	Lat.Vent., L.B.	Part 5	Part 5	Part 5	eye
8:04am-8:52am >	Part 6 <protein>	Cranial Nerve VIII	Nerve T10	Part 6	Part 6	Part 6	vagina

4/14/2015 DAY 1 BOB HOOK COMPLEX above is altered in connection with Bob Center, Lower 1st Pre-Molar (by way of Frontal Sinus), through aegis of the Superior Temporal Gyrus.

Associated bones/muscles are (1) Maxilla Bone - eye's dilator muscle
(2) Incus - rectum, longitudinal fibers

(3) Cx 2
auricularis anterior

(4) Capitate
rhomboid minor

(5) Rib 7
rectus capitis anterior

(6) Cuneiform Lateral
gastrocnemius, medial head

4/15/2015 Day 2 Bob-A below is altered in connection with Bob Center, L5 (by way of balanced, full Mt Ss 1), bringing forth the Lateral Sesamoid of Mt Ss 1, isolating its Medial Ss and the Lacrimal Bone.

DAY 2 BOB-A > (1) MAXILLA BONE - eye's sphincter muscle
Associated bones/muscles are (2) Incus - rectum, circular fibers

(3) Cx 2
auricularis superior

(4) Capitate
levator scapulae

(5) Rib 7
oblique capitis superior

(6) Cuneiform Lateral
plantaris

4/16/2015 Day 3 Bob Hook Complex Aid (Bob-A) below is altered in connection with Bob Center, RLS 6.

(1) Maxilla Bone - eye's orbitalis muscle
(2) Incus - rectum, muscularis mucosa

(3) Cx 2
auricularis posterior

(4) Capitate
rhomboid major

(5) Rib 7
rectus capitis lateralis

(6) CUNEIFORM LATERAL > DAY 3 BOB-A
gastrocnemius, lateral head

PROCESS FOR ALTERING STRUCTURES
with the following occurances proposed as associated with progress toward optimal functioning

Read boxes from left to right	**Inhalation along given tracts "to" given structures,**	**Likely causes (1) eye tracts to receive spectral energy (with surrogate aid from 6 Exit correspondents*) & intake into**	**And (2) pressure (for alteration) on**	**Exhalation with no collapse of breath tract & structures,**	**Causes (1) pressure (for alteration) on**	**And (2)**	**And (3)**
Day 1 ^ = * see page bottom for each	Superior lacrimal canaliculi "to" Inferior petrosal sinuses**,**	Lower 1st pre-molars ^	Superior temporal gyri ^^**;**	Sup.lac.can. & Inf. petrosal sinuses & 6 Exit correspondents* & Lower 1st pre-molars^ & Superior temporal gyri ^^**,**	Lower 1st pre-molars ^ **And intake into** Superior temporal gyri ^^	Breath "to" Inferior petrosal sinuses to disperse to receiving structures of the brain to serve during inhalation	Exhalation pressure brought to bear on 6 Exit correspondents* to precipitate that which*** will serve possible surrogate, specifically needed spectral energy roles during inhalation**;** unused "spectral energy" pressure of the breath cycle disperses to Exits**.
Day 2 ^ = * see below for each	Inferior lacrimal canaliculi "to" Cavernous sinuses 4**,**	As above but for L5 ^ + Lateral sesamoid of Mt Ss 1s	As above but for the Maxilla bone ^^**;**	Inf. lac. can. & Cavernous sinuses 4 & 6 Exit correspondents* & L5 ^ + Lateral Ss of Mt Ss 1s & Maxilla bone ^^**,**	L5 ^ + Lateral sesamoid of Mt Ss 1s **And intake into** Maxilla bone ^^	Breath "to" Cavernous sinuses 4 to disperse to receiving structures of the brain	As above
Day 3 ^ = * see below	Superior nasal meatus & incisive canal "to" RLS 9**,**	As above but for RLS 6 ^ & Cuneiform laterals ^^**,**	As above but for Cuneiform laterals ^^**;**	Sup.nas.m. & RLS 9 & 6 Exit correspondents* &	RLS 6 ^ **And intake into** Cuneiform laterals ^^	Breath "to" RLS 9 to disperse to lung part destinations	As above

Note: Maintain alignment of L5**/**pisiform, McSs2**/**incus, McSs1**/**hyoid, MtSs1**/**patella.

^ = up arrow **Direction** of **Stretch** for **Muscles** on **Front** of **Page** **~ =** line continuance in this section

rectum, longitudinal fibers - from anterior beginning to anterior end, then longitudinal rows around rectum
auricularis, anterior - from front section of temporal fascia near ear to helix's spine on helix's upper front
rhomboid minor - from C7/T1 spin. proc. down to scapula's medial border at its spine | part of occipital bone
rectus capitis anterior - from along more inner top surface of C1 trans.proc.angled acutely in toward basilar **^**
gastrocnemius, medial head - from femur's medial epicondyle area into calcaneal tendon at mid-calf

rectum, circular fibers - from posterior end to make around-circling rows along to posterior beginning
auricularis, superior - from behind top of ear to epicranial membrane (aponeurosis) above ear | processes
levator scapulae - from scapula medial border above its spine up to C4-3 post. tubercles & C2-1 transverse **^**
oblique capitis superior - from occipital bone between nuchal lines to end of C1 transverse process
plantaris - from calcaneus medial posterior top as tendon, then muscle to above gastrocnemius lateral head

rectum, innermost fibers - bunched origin of oblique fibers from last circular fiber's end area, each more **~**
auricularis, posterior - from temporal bone's mastoid process straight forward to behind the ear
rhomboid major - from T2-T5 spinous processes down to scapula's medial border below its spine | process
rectus capitis lateralis - from along outer end of C1 trans. proc. angled out slightly to occipital bone's jugular **^**
gastrocnemius, lateral head - from femur's lateral epicondyle area into calcaneal tendon at mid-calf

~ medially originating fiber straightening toward first longitudinal fiber's end area

^ & ^^ : ^ is Part 2's "Inroad Channel" (= Center of Gravity) & ^^ is the "Resulting Structure" (= Day's Bone +)

***Exit correspondents associated with Day 1, Day 2 & Day 3 structures are shown below**						**** Exits**
8:52a - 11:16a **|** Eye part 1 **|**	Spleen	Kidney	LLS 3, p.1	LLS 6, p.1	RLS 9, p.1	Urethra
11:16a - 4:04p **|** Eye part 2 **|**	Subclavian Artery	Gallbladder	part 2	part 2	part 2	Armpits
4:04p - 12:52a **|** Eye part 3 **|**	Pancreas	Duodenum	part 3	part 3	part 3	Nipples
12:52a - 7:16a **|** Eye part 4 **|**	Cerebellum 4	Liver	part 4	part 4	part 4	Anus
7:16a - 8:04a **|** Eye part 5 **|**	Cerebrum 14	Lat.Vent.,L.B.	part 5	part 5	part 5	Eye
8:04a - 8:52a **|** Eye part 6 **|**	Cranial nerve VIII	Nerve T10	part 6	part 6	part 6	Vagina

***** Being that which is needed to allow constant organism alteration for constant universe change.**

8:52 a.m. 7/2/1939 HUMAN as Bob or Pendulum from Crista Galli as Hook or Pivot for 4/17 - 4/19/2015

DAY 1 BOB HOOK COMPLEX is ETHMOID+LACRIMAL/Sphenoid BONE with breath through Nasolacrimal Duct (N.D.) & Superior Lacrimal Canaliculus to activate the Inferior Petrosal Sinus thereby arranging the MIDDLE TEMPORAL GYRUS to align OUTER HAIR CELLS OF THE COCHLEA to form Lens, "muscles" are the lower, lateral quadrant 3-member set (43-45) of 3 equatorial zonular fibers per set.

DAY 2 BOB-A is LACRIMAL/Upper Hip BONE with 2nd component of breath through N.D. & Inferior Lacrimal Canaliculus to activate Cavernous Sinus 4 thereby arranging FACIAL NERVE (C.N. VII) to continue proper gyrus function, muscles are the dilator, sphincter and orbitalis of the eye.

DAY 3 BOB HOOK COMPLEX AID (BOB-A) is T8/MT DP4 with 3rd component of breath through Superior Nasal Meatus & Incisive Canal to activate RLS 9 thereby arranging SPINAL NERVE 15 (T11 Spinal Nerve) to continue proper gyrus function, muscles are as shown.

In order for the above described Bob Hook Complex to approach optimal function, there can be no mis-alignment of its associated bone, muscle and organ structures. In the lower set of boxed columns below, preceded in the upper set by the enabling breath tracts, and aligned to the 6 spectral energy time intervals in 24 hours at left, are the 6 spectral energy associated structures as correlated with each numbered bone further below in the dated boxes. The 3 dated boxes then show the associated bone scaffold for Mt DP4 with the muscles for each bone of the scaffold changing through the 3 dates to provide on-going bone adjustment.

TIME INTERVALS corresponding to the 6 periods in 24 hours in which energy need evolved from possible available ranges of spectral energy from radio to gamma rays:	1 Breath thru nasolacrimal duct into inferior lacrimal canaliculus to activate cavernous sinus 4 & Eye Apparatus:	2 Breath through Eustacean tube to activate tympanic cells and the	3 Breath through Eustacean tube to activate saccule of the ear and the	4 Breath through inferior nasal meatus & incisive canal to activate LLS 3:	5 Breath through middle nasal meatus & incisive canal to activate LLS 6:	6 Breath through superior nasal meatus & incisive canal to activate RLS 9:	EXIT ROUTES for unincor-porated wave lengths of spectral energy:
8:52am-11:16am >	Part 1 <lymph>	Spleen	Kidney	Part 1	Part 1	Part 1	urethra
11:16am-4:04pm >	Part 2 <blood>	Subclavian Artery	Gallbladder	Part 2	Part 2	Part 2	armpits
4:04pm-12:52am >	Part 3<hormone>	Pancreas	Duodenum	Part 3	Part 3	Part 3	nipples
12:52am-7:16am >	Part 4 <DNA>	Cerebellum 4	Liver	Part 4	Part 4	Part 4	anus
7:16am-8:04am >	Part 5 <RNA>	Cerebrum 15	Lat.Vent., L.B.	Part 5	Part 5	Part 5	eye
8:04am-8:52am >	Part 6 <protein>	Cranial Nerve VII	Nerve T11	Part 6	Part 6	Part 6	vagina

4/17/2015 DAY 1 BOB HOOK COMPLEX above is altered in connection with Bob Center, Medial Sesamoid of Mt Ss 1 (by way of balanced, full Mt Ss 1), through aegis of Middle Temporal Gyrus.

Associated bones/muscles are (1) Lacrimal Bone - eye's dilator muscle

(2) Upper Hip - conjoined longitudinal (rectum/levator ani)

(3) Cx 3
levator labii superioris

(4) Mc DP4
triceps brachii, long head

(5) T8
rectus capitis posterior minor

(6) Mt DP4
flexor digitorum brevis

4/18/2015 Day 2 Bob Hook Complex Aid (Bob-A) below is altered in connection with Bob Center, the Medial Sesamoid of Mt Ss 1 (by way of balanced, full Mt Ss 1).

DAY 2 BOB-A > (1) LACRIMAL BONE - eye's sphincter muscle

Associated bones/muscles are (2) Upper Hip - internal anal sphincter

(3) Cx 3
superior rectus of eye

(4) Mc DP4
triceps brachii, medial head

(5) T8
longus capitis

(6) Mt DP4
flexor digiti minimi brevis

4/19/2015 Day 3 Bob Hook Complex Aid (Bob-A) below is altered in connection with Bob Center, LLS 6.

(1) Lacrimal Bone - eye's orbitalis muscle

(2) Upper Hip - anal canal, muscularis mucosa

(3) Cx 3
depressor labii inferioris

(4) Mc DP4
triceps brachii, lateral head

(5) T8
rectus capitis posterior major

(6) MT DP4 > DAY 3 BOB-A
flexor digitorum longus

PROCESS FOR ALTERING STRUCTURES
with the following occurances proposed as associated with progress toward optimal functioning

Read boxes from left to right	**Inhalation along given tracts "to" given structures,**	**Likely causes (1) eye tracts to receive spectral energy (with surrogate aid from 6 Exit correspondents*) & intake into**	**And (2) pressure (for alteration) on**	**Exhalation with no collapse of breath tract & structures,**	**Causes (1) pressure (for alteration) on**	**And (2)**	**And (3)**
Day 1 ^ = * see page bottom for each	Superior lacrimal canaliculi "to" Inferior petrosal sinuses,	Medial sesamoid of Mt Ss 1s ^	Lacrimal bones ^^ as well as Middle temporal gyri ^^; Lacrimal bones ^^ & Middle temporal gyri ^^,	Sup.lac.can. & Inf. petrosal sinuses & 6 Exit correspondents* & Medial Ss of Mt Ss 1s ^ &	Medial sesamoid of Mt Ss 1s ^ **And intake into** Lacrimal bones ^^ as well as Middle temporal gyri ^^	Breath "to" Inferior petrosal sinuses to disperse to receiving structures of the brain to serve during inhalation	Exhalation pressure brought to bear on 6 Exit correspondents* to precipitate that which*** will serve possible surrogate, specifically needed spectral energy roles during inhalation; unused "spectral energy" pressure of the breath cycle disperses to Exits**.
Day 2 ^ = * see below for each	Inferior lacrimal canaliculi "to" Cavernous sinuses 4,	As above but for the Medial sesamoid of Mt Ss 1s ^	As above but for the Lacrimal bones ^^; sesamoid of MtSs1s^ & Lacrimal bones ^^,	Inf. lac. can. & Cavernous sinuses 4 & 6 Exit correspondents* & Medial	Medial sesamoid of Mt Ss 1s ^ **And intake into** Lacrimal bones ^^	Breath "to" Cavernous sinuses 4 to disperse to receiving structures of the brain	As above
Day 3 ^ = * see below	Superior nasal meatus & incisive canal "to" RLS 9,	As above but for LLS 6 ^	As above but for Mt DP4s ^^; LLS 6 ^ & Mt DP4s ^^,	Sup. nas. m. & RLS 9 & 6 Exit correspondents* &	LLS 6 ^ **And intake into** Mt DP4s ^^	Breath "to" RLS 9 to disperse to lung part destinations	As above

Note: Maintain alignment of L5**/**pisiform, McSs2**/**incus, McSs1**/**hyoid, MtSs1**/**patella.

v/^ = down/up arrows **Direction** of **Stretch** for **Muscles** on **Front** of **Page** ~ **=** line continuance in this section

conjoined longitudinal (rectum/levator ani) - from top front of internal anus in longitudinal rows around in **v**
levator labii superioris - from under eye's medial section in to lip just below nose's outer limit | 24 hours
triceps brachii, long head - from scapula's upper lateral border at humerus into tendon to olecranon, elbow point
rectus capitis posterior minor - from posterior tubercle of C1 (atlas) to occipital b.'s medial inferior nuchal line
flexor digitorum brevis - from calcaneus (heel) into tendons to Mt MP2-5 | back of internal anus
internal anal sphincter - from area of end of last longitudinal fiber in circling bands with origins back to top **^**
superior rectus of eye - from eyeball's top in to tendinous ring at optic canal's exit from eye socket
triceps brachii, medial head - from olecranon to humerus's lower 1/2 posterior surface / upper medial border
longus capitis - from occipital's inferior basilar part slightly out to C3-C6 transverse processes
flexor digiti minimi brevis - from outer side of Mt PP5's plantar base to area of Mt 5's plantar base
anal canal, muscularis mucosa - rows of oblique fibers fanning from area of last circular fiber's end, at first **v**
depressor labii inferioris - from lateral bottom of chin up to blend medially beneath lip | laterally, then to 1st **~**
triceps brachii, lateral head - from upper posterior humerus into tendon to top of posterior ulna, its olecranon
rectus capitis posterior major - from spinous process of C2 (axis) to occipital b.'s lateral inferior nuchal line
flexor digitorum longus - from central medial posterior tibia to Mt DP2-5 plantar bases | **~**longitudinal fiber end

^ & ^^ **:** ^ is Part 2's "Inroad Channel" (= Center of Gravity) & ^^ is the "Resulting Structure" (= Day's Bone +)

***Exit correspondents associated with Day 1, Day 2 & Day 3 structures are shown below**						**** Exits**
8:52a - 11:16a **|** Eye part 1 **|**	Spleen	Kidney	LLS 3, p.1	LLS 6, p.1	RLS 9, p.1	Urethra
11:16a - 4:04p **|** Eye part 2 **|**	Subclavian Artery	Gallbladder	part 2	part 2	part 2	Armpits
4:04p - 12:52a **|** Eye part 3 **|**	Pancreas	Duodenum	part 3	part 3	part 3	Nipples
12:52a - 7:16a **|** Eye part 4 **|**	Cerebellum 4	Liver	part 4	part 4	part 4	Anus
7:16a - 8:04a **|** Eye part 5 **|**	Cerebrum 15	Lat.Vent.,L.B.	part 5	part 5	part 5	Eye
8:04a - 8:52a **|** Eye part 6 **|**	Cranial nerve VII	Nerve T11	part 6	part 6	part 6	Vagina

***** That which is formed is that which is needed to serve in altering organism structures to allow the organism to continually change to accord itself to its constantly altering universe.**

8:52 a.m. 7/2/1939 HUMAN as Bob or Pendulum from Crista Galli as Hook or Pivot for 4/20 - 4/22/2015

DAY 1 BOB HOOK COMPLEX is Ethmoid/SPHENOID+MAXILLA BONE with breath through Nasolacrimal Duct (N.D.) & Superior Lacrimal Canaliculus to activate the Inferior Petrosal Sinus thereby arranging the INFERIOR TEMPORAL GYRUS to align OUTER HAIR CELLS OF THE COCHLEA to form Lens, "muscles" are the lower, lateral quadrant 3-member set (46-48) of 3 equatorial zonular fibers per set.

DAY 2 BOB-A is MAXILLA/Pelvic Hip BONE with 2nd component of breath through N.D. & Inferior Lacrimal Canaliculus to activate Cavernous Sinus 4 thereby arranging VESTIBULOCOCHLEAR NERVE (C.N. VIII) to continue proper gyrus function, muscles are the dilator, sphincter and orbitalis of the eye.

DAY 3 BOB HOOK COMPLEX AID (BOB-A) is Rib 8/CUBOID with 3rd component of breath through Superior Nasal Meatus & Incisive Canal to activate RLS 9 thereby arranging SPINAL NERVE 16 (T12 Spinal Nerve) to continue proper gyrus function, muscles are as shown.

In order for the above described Bob Hook Complex to approach optimal function, there can be no misalignment of its associated bone, muscle and organ structures. In the lower set of boxed columns, preceded in the upper set by the enabling breath tracts, and aligned to the 6 spectral energy time intervals in 24 hours at left, are the 6 spectral energy associated structures as correlated with each numbered bone further below in the dated boxes. The 3 dated boxes then show the associated bone scaffold for the Cuboid with the muscles for each bone of the scaffold changing through the 3 dates to provide on-going bone adjustment.

TIME INTERVALS	1	2	3	4	5	6	EXIT
corresponding to the 6 periods in 24 hours in which energy need evolved from possible available ranges of spectral energy from radio to gamma rays:	Breath thru nasolacrimal duct into inferior lacrimal canaliculus to activate cavernous sinus 4 & Eye Apparatus:	Breath through Eustacean tube to activate tympanic cells and the	Breath through Eustacean tube to activate saccule of the ear and the	Breath through inferior nasal meatus & incisive canal to activate LLS 3:	Breath through middle nasal meatus & incisive canal to activate LLS 6:	Breath through superior nasal meatus & incisive canal to activate RLS 9:	ROUTES for unincorporated wave lengths of spectral energy:
8:52am-11:16am >	Part 1 <lymph>	Spleen	Kidney	Part 1	Part 1	Part 1	urethra
11:16am-4:04pm >	Part 2 <blood>	Subclavian Artery	Gallbladder	Part 2	Part 2	Part 2	armpits
4:04pm-12:52am >	Part 3<hormone>	Pancreas	Duodenum	Part 3	Part 3	Part 3	nipples
12:52am-7:16am >	Part 4 <DNA>	Cerebellum 4	Liver	Part 4	Part 4	Part 4	anus
7:16am-8:04am >	Part 5 <RNA>	Cerebrum 16	Lat.Vent., L.B.	Part 5	Part 5	Part 5	eye
8:04am-8:52am >	Part 6 <protein>	Cranial Nerve VIII	Nerve T12	Part 6	Part 6	Part 6	vagina

4/20/2015 DAY 1 BOB HOOK COMPLEX above is altered in connection with Bob Center, L5 (by way of balanced, full Mt Ss 1), through aegis of Inferior Temporal Gyrus.

Associated bones/muscles are (1) Maxilla Bone - eye's dilator muscle
(2) Pelvic Hip - corrugator cutis ani /conjoined longitudinal

(3) Cx 4
lateral pterygoid, inferior head

(4) Hamate
coracobrachialis

(5) Rib 8
semispinalis capitis, medial

(6) Cuboid
biceps femoris, short head

4/21/2015 Day 2 Bob-A below is altered in connection with Bob Center, L5 (by way of balanced, full Mt Ss 1), bringing forth the Lateral Sesamoid of Mt Ss 1, isolating its Medial Ss and the Lacrimal Bone.

DAY 2 BOB-A > (1) MAXILLA BONE - eye's sphincter muscle
Associated bones/muscles are (2) Pelvic Hip - external anal sphincter

(3) Cx 4
medial pterygoid

(4) Hamate
abductor pollicis longus

(5) Rib 8
splenius capitis

(6) Cuboid
quadratus femoris

4/22/2015 Day 3 Bob Hook Complex Aid (Bob-A) below is altered in connection with Bob Center, RLS 5.

(1) Maxilla Bone - eye's orbitalis muscle
(2) Pelvic Hip - levator ani

(3) Cx 4
lateral pterygoid, superior head

(4) Hamate
brachialis

(5) Rib 8
semispinalis capitis, lateral

(6) CUBOID > DAY 3 BOB-A
biceps femoris, long head

PROCESS FOR ALTERING STRUCTURES
with the following occurances proposed as associated with progress toward optimal functioning

Read boxes from left to right	**Inhalation along given tracts "to" given structures,**	**Likely causes (1) eye tracts to receive spectral energy (with surrogate aid from 6 Exit correspondents*) & intake into** L5 ^	**And (2) pressure (for alteration) on**	**Exhalation with no collapse of breath tract & structures,**	**Causes (1) pressure (for alteration) on** L5 ^	**And (2)** Breath "to" Inferior petrosal sinuses to disperse to receiving structures of the brain to serve during inhalation	**And (3)** Exhalation pressure brought to bear on 6 Exit correspondents* to precipitate that which*** will serve possible surrogate, specifically needed spectral energy roles during inhalation**;** unused "spectral energy" pressure of the breath cycle disperses to Exits**.
Day 1 ^ = * see page bottom for each	Superior lacrimal canaliculi "to" Inferior petrosal sinuses**,**		Maxilla bone ^^ as well as Inferior temporal gyri ^^**;**	Sup.lac.can. & Inf. petrosal sinuses & 6 Exit correspondents* & L5 ^ & Maxilla bone ^^ & Inferior temporal gyri ^^**,**	**And intake into** Maxilla bone ^^ as well as Inferior temporal gyri ^^		
Day 2 ^ = * see below for each	Inferior lacrimal canaliculi "to" Cavernous sinuses 4**,**	As above but for L5 ^ + Lateral sesamoid of Mt Ss 1s	As above but for the Maxilla bone ^^**;**	Inf. lac. can. & Cavernous sinuses 4 & 6 Exit correspondents* & L5 ^ + Lateral Ss of Mt Ss 1s & Maxilla bone ^^**,**	L5 ^ + Lateral sesamoid of Mt Ss 1s **And intake into** Maxilla bone ^^	Breath "to" Cavernous sinuses 4 to disperse to receiving structures of the brain	As above
Day 3 ^ = * see below	Superior nasal meatus & incisive canal "to" RLS 9**,**	As above but for RLS 5 ^	As above but for Cuboids ^^**;**	Sup. nas. m. & RLS 9 & 6 Exit correspondents* & RLS 5 ^ & Cuboids ^^**,**	RLS 5 ^ **And intake into** Cuboids ^^	Breath "to" RLS 9 to disperse to lung part destinations	As above

Note: Maintain alignment of L5**/**pisiform, McSs2**/**incus, McSs1**/**hyoid, MtSs1**/**patella.

Direction of **Stretch** for **Muscles** on **Front** of **Page**

around internal anal sphincter musculature
corrugator cutis ani /conjoined longitudinal - from front intersphincteric groove in outward, upward rows **^**
lateral pterygoid, inferior head - from upper lateral sphenoid's lateral pterygoid plate to condyle's neck's area
coracobrachialis - from scapula's corocoid process to humerus's medial surface at its middle
semispinalis capitis, medial - from T6-T1, C7 transverse proc. to medial occipital bone between nuchal lines
biceps femoris, short head - from posterior lower 1/2 femur, lateral to center, to lateral side of head of fibula

external anal sphincter - from last corrugator cutis ani fiber end in downward bands around internal anus
medial pterygoid - from mandible's angle/ramus to inside sphenoid's lateral pterygoid plate by its sinus
abductor pollicis longus - from top back Mc 1 to posterior mid-radius across membrane & up lower mid-ulna
splenius capitis -from mastoid proc.& far lateral occipital b. to ligumentum above C7& C7/T1-T4 spinous proc.
quadratus femoris - from greater trochanter mid-back edge to ishial tuberosity lateral juncture at ischium body

levator ani - rows from area of first corrugator cutis ani fiber origin, rows curving to levator's tendinous arch
lateral pterygoid, superior head - from lower lateral sphenoid bone's greater wing to area of neck of condyle
brachialis - from lower 1/2 of anterior humerus to ulna's anterior top, i.e. coronoid process & tuberosity
semispinalis capitis, lateral - from T6-T1 & C7 transverse proc. to lateral occipital bone between nuchal lines
biceps femoris, long head - from middle portion of posterior ishial tuberosity to lateral side of head of fibula

^ & ^^ **:** ^ is Part 2's "Inroad Channel" (= Center of Gravity) & ^^ is the "Resulting Structure" (= Day's Bone +)

***Exit correspondents associated with Day 1, Day 2 & Day 3 structures are shown below**						**** Exits**
8:52a - 11:16a **|** Eye part 1 **|**	Spleen	Kidney	LLS 3, p.1	LLS 6, p.1	RLS 9, p.1	Urethra
11:16a - 4:04p **|** Eye part 2 **|**	Subclavian Artery	Gallbladder	part 2	part 2	part 2	Armpits
4:04p - 12:52a **|** Eye part 3 **|**	Pancreas	Duodenum	part 3	part 3	part 3	Nipples
12:52a - 7:16a **|** Eye part 4 **|**	Cerebellum 4	Liver	part 4	part 4	part 4	Anus
7:16a - 8:04a **|** Eye part 5 **|**	Cerebrum 16	Lat.Vent., L.B.	part 5	part 5	part 5	Eye
8:04a - 8:52a **|** Eye part 6 **|**	Cranial nerve VIII	Nerve T12	part 6	part 6	part 6	Vagina

***** That which is formed is that which is needed to serve in altering organism structures to allow the organism to continually change to accord itself to its constantly altering universe.**

8:52 a.m. 7/2/1939 HUMAN as Bob or Pendulum from Crista Galli as Hook or Pivot for 4/23 - 4/25/2015

DAY 1 BOB HOOK COMPLEX is ETHMOID+LAT. MT SS/Sphenoid BONE with breath through Nasolacrimal Duct (N.D.) & Superior Lacrimal Canaliculus to activate the Superior Sagittal Sinus thereby arranging ANGULAR GYRUS to align PRIMARY OLFACTORY SYSTEM to form Lens,
"muscles" are the lower, lateral quadrant 3-member set (49-51) of 3 equatorial zonular fibers per set.

DAY 2 BOB-A is LACRIMAL/Stapes BONE with 2nd component of breath through N.D. & Inferior Lacrimal Canaliculus to activate Cavernous Sinus 5 thereby arranging GLOSSOPHARYNGEAL NERVE (C.N. IX) to continue proper gyrus function, muscles are the dilator, sphincter and orbitalis of the eye.

DAY 3 BOB HOOK COMPLEX AID (BOB-A) is T9/MT 3 with 3rd component of breath through Superior Nasal Meatus & Incisive Canal to activate LLS 10 thereby arranging SPINAL NERVE 17 (L1 Spinal Nerve) to continue proper gyrus function, muscles are as shown.

In order for the above described Bob Hook Complex to approach optimal function, there can be no mis-alignment of its associated bone, muscle and organ structures. In the lower set of boxed columns below, preceded in the upper set by the enabling breath tracts, and aligned to the 6 spectral energy time intervals in 24 hours at left, are the 6 spectral energy associated structures as correlated with each numbered bone further below in the dated boxes. The 3 dated boxes then show the associated bone scaffold for Mt 3 with the muscles for each bone of the scaffold changing through the 3 dates to provide on-going bone adjustment.

TIME INTERVALS	1	2	3	4	5	6	EXIT
corresponding to the 6 periods in 24 hours in which energy need evolved from possible available ranges of spectral energy from radio to gamma rays:	Breath thru nasolacrimal duct into inferior lacrimal canaliculus to activate cavernous sinus 5 & Eye Apparatus:	Breath through superior nasal meatus to activate sphenoid sinus and the	Breath through Eustacean tube to activate cochlea's outer hair cells and the	Breath through inferior nasal meatus & incisive canal to activate RLS 3:	Breath through middle nasal meatus & incisive canal to activate RLS 6:	Breath through superior nasal meatus & incisive canal to activate LLS 10:	ROUTES for unincor-porated wave lengths of spectral energy:
8:52am-11:16am >	Part 1 <lymph>	Thymus	Kidney	Part 1	Part 1	Part 1	urethra
11:16am-4:04pm >	Part 2 <blood>	Celiac Trunk	Gallbladder	Part 2	Part 2	Part 2	armpits
4:04pm-12:52am >	Pt. 3<hormone>	Suprarenal Gland	Duodenum	Part 3	Part 3	Part 3	nipples
12:52am-7:16am >	Part 4 <DNA>	Cerebellum 5	Liver	Part 4	Part 4	Part 4	anus
7:16am-8:04am >	Part 5 <RNA>	Cerebrum 17	3rd Ventricle	Part 5	Part 5	Part 5	eye
8:04am-8:52am >	Part 6 <protein>	Cranial Nerve IX	Nerve L1	Part 6	Part 6	Part 6	vagina

4/23/2015 DAY 1 BOB HOOK COMPLEX above is altered in connection with Bob Center, Upper Canine (by way of balanced, full Mt Ss 1), through aegis of the Angular Gyrus.

Associated bones/muscles are (1) Lacrimal Bone - eye's dilator muscle
(2) Stapes - internal oblique abdominus & cremaster

(3) L1
zygomaticus minor

(4) Mc 3
adductor pollicis, oblique head

(5) T9
palatopharyngeus

(6) Mt 3
vastus medialis

4/24/2015 Day 2 Bob Hook Complex Aid (Bob-A) below is altered in connection with Bob Center, the Medial Sesamoid of Mt Ss 1 (by way of balanced, full Mt Ss 1).

DAY 2 BOB-A > (1) LACRIMAL BONE - eye's sphincter muscle
Associated bones/muscles are (2) Stapes - rectus abdominus, 1st part

(3) L1
helicis minor

(4) Mc 3
abductor pollicis brevis

(5) T9
inferior pharyngeal constrictor

(6) Mt 3
vastus intermedius

4/25/2015 Day 3 Bob Hook Complex Aid (Bob-A) below is altered in connection with Bob Center,

(1) Lacrimal Bone - eye's orbitalis muscle **LLS 5.**
(2) Stapes - external oblique abdominus

(3) L1
zygomaticus major

(4) Mc 3
adductor pollicis, transverse head

(5) T9
stylopharyngeus

(6) MT 3 > DAY 3 BOB-A
vastus lateralis

PROCESS FOR ALTERING STRUCTURES
with the following occurances proposed as associated with progress toward optimal functioning

Read boxes from left to right	**Inhalation along given tracts "to" given structures,**	**Likely causes (1) eye tracts to receive spectral energy (with surrogate aid from 6 Exit correspondents*) & intake into**	**And (2) pressure (for alteration) on**	**Exhalation with no collapse of breath tract & structures,**	**Causes (1) pressure (for alteration) on**	**And (2)**	**And (3)**
Day 1 ^ = * see page bottom for each	Superior lacrimal canaliculi "to" Superior sagittal sinuses,	Upper canines ^	Lateral sesamoid of Mt Ss 1s^^ as well as Angular gyri ^^; Lateral sesamoid of Mt Ss 1s^^ & Angular gyri^^,	Sup. lac. can. & Superior sagittal sinuses & 6 Exit correspondents* & Upper canines ^ &	Upper canines ^ **And intake into** Lateral sesamoid of Mt Ss 1s ^^ as well as Angular gyri ^^	Breath "to" Superior sagittal sinuses to disperse to receiving structures of the brain to serve during inhalation	Exhalation pressure brought to bear on 6 Exit correspondents* to precipitate that which*** will serve possible surrogate, specifically needed spectral energy roles during inhalation; unused "spectral energy" pressure of the breath cycle disperses to Exits**.
Day 2 ^ = * see below for each	Inferior lacrimal canaliculi "to" Cavernous sinuses 5,	As above but for the Medial sesamoid of Mt Ss 1s ^	As above but for the Lacrimal bones ^^; sesamoid of MtSs1s^ & Lacrimal bones ^^,	Inf. lac. can. & Cavernous sinuses 5 & 6 Exit correspondents* & Medial	Medial sesamoid of Mt Ss 1s ^ **And intake into** Lacrimal bones ^^	Breath "to" Cavernous sinuses 5 to disperse to receiving structures of the brain	As above
Day 3 ^ = * see below	Superior nasal meatus & incisive canal "to" LLS 10,	As above but for LLS 5 ^	As above but for Mt 3s ^^; LLS 5 ^ & Mt 3s ^^,	Sup. nas. m. & LLS 10 & 6 Exit correspondents* &	LLS 5 ^ **And intake into** Mt 3s ^^	Breath "to" LLS 10 to disperse to lung part destinations	As above

Note: Maintain alignment of L5**/**pisiform, McSs2**/**incus, McSs1**/**hyoid, MtSs1**/**patella.

v = down arrows **Direction** of **Stretch** for **Muscles** on **Front** of **Page**

internal oblique abdominus & cremaster - from above posterior iliac crest, crest & lateral inguinal ligament **v**
zygomaticus minor - closer in paralleling zygomaticus major up to posterior lower ribs & around to linea alba
adductor pollicis, oblique head - from capitate & from Mc 3 & Mc 2 bases to medial base of Mc PP1
palatopharyngeus - from the soft palate to lateral pharyngeal wall and posterior border of thyroid cartilage
vastus medialis - from band all along & in from femur's posterior medial edge into quadriceps femoris tendon

rectus abdominus, 1st part - upward from 2nd part to area of xiphoid & 5th costal cartilage, fiber progress **v**
helicis minor - from along outer crus of helix inward to inner extent of crus inward in 24 hours
abductor pollicis brevis - from dorsally around Mc PP1's lateral base to hand's below-thumb anterior side pad
inferior pharyngeal constrictor - from pharyngeal raphe down to oblique line of thyroid cartilage
vastus intermedius - from quadriceps femoris tendon as swath up femur to anterior & posterior lateral sides

external oblique abdominus - from front body of ribs 12-5 down toward linea alba/iliac crest, fiber progress **v**
zygomaticus major - from zygomatic bone near ear to mouth's upper angle upward in 24 hours
adductor pollicis, transverse head - from palmar Mc 3 to medial base of Mc PP1, top muscle joining thumb **v**
stylopharyngeus - from styloid process to lateral pharynx between top 2 pharyngeal constrictors to hand
vastus lateralis - from band all along femur's posterior inner lateral side around to quadriceps femoris tendon

^ & ^^ **:** ^ is Part 2's "Inroad Channel" (= Center of Gravity) & ^^ is the "Resulting Structure" (= Day's Bone +)

***Exit correspondents associated with Day 1, Day 2 & Day 3 structures are shown below**						**** Exits**
8:52a - 11:16a **|** Eye part 1 **|**	Thymus	Kidney	RLS 3, p.1	RLS 6, p.1	LLS 10,p.1	Urethra
11:16a - 4:04p **|** Eye part 2 **|**	Celiac Trunk	Gallbladder	part 2	part 2	part 2	Armpits
4:04p - 12:52a **|** Eye part 3 **|**	Suprarenal Gland	Duodenum	part 3	part 3	part 3	Nipples
12:52a - 7:16a **|** Eye part 4 **|**	Cerebellum 5	Liver	part 4	part 4	part 4	Anus
7:16a - 8:04a **|** Eye part 5 **|**	Cerebrum 17	3rd Ventricle	part 5	part 5	part 5	Eye
8:04a - 8:52a **|** Eye part 6 **|**	Cranial nerve IX	Nerve L1	part 6	part 6	part 6	Vagina

***** That which is formed is that which is needed to serve in altering organism structures to allow the organism to continually change to accord itself to its constantly altering universe.**

8:52 a.m. 7/2/1939 HUMAN as Bob or Pendulum from Crista Galli as Hook or Pivot for 4/26 - 4/28/2015

DAY 1 BOB HOOK COMPLEX is Ethmoid/SPHENOID+MED. MT SS BONE with breath through Nasolacrimal Duct (N.D.) & Superior Lacrimal Canaliculus to activate the Superior Sagittal Sinus thereby arranging LATERAL OCCIPITOTEMPORAL GYRUS to align PRIMARY OLFACTORY SYSTEM to form Lens, "muscles" are the lower, lateral quadrant 3-member set (52-54) of 3 equatorial zonular fibers per set.

DAY 2 BOB HOOK COMPLEX AID is MAXILLA/Hyoid BONE with 2nd component of breath through N.D. & Inferior Lacrimal Canaliculus to activate Cavernous Sinus 5 thereby arranging VAGUS NERVE (C.N. X) to continue proper gyrus function, muscles are the dilator, sphincter and orbitalis of the eye.

DAY 3 BOB HOOK COMPLEX AID is Rib 9/CUNEIFORM MEDIAL with 3rd component of breath through Superior Nasal Meatus & Incisive Canal to activate LLS 10 thereby arranging SPINAL NERVE 18 (L2 Spinal Nerve) to continue proper gyrus function, muscles are as shown.

In order for the above described Bob Hook Complex to approach optimal function, there can be no misalignment of its associated bone, muscle and organ structures. In the lower set of boxed columns, preceded in the upper set by the enabling breath tracts, and aligned to the 6 spectral energy time intervals in 24 hours at left, are the 6 spectral energy associated structures as correlated with each numbered bone further below in the dated boxes. The 3 dated boxes then show the associated bone scaffold for the Cuneiform Medial with the muscles for each bone of the scaffold changing through the 3 dates to provide on-going bone adjustment.

TIME INTERVALS corresponding to the 6 periods in 24 hours in which energy need evolved from possible available ranges of spectral energy from radio to gamma rays:	1 Breath thru nasolacrimal duct into inferior lacrimal canaliculus to activate cavernous sinus 5 & Eye Apparatus:	2 Breath through superior nasal meatus to activate sphenoid sinus and the	3 Breath through Eustacean tube to activate cochlea's outer hair cells and the	4 Breath through inferior nasal meatus & incisive canal to activate RLS 3:	5 Breath through middle nasal meatus & incisive canal to activate RLS 6:	6 Breath through superior nasal meatus & incisive canal to activate LLS 10:	EXIT ROUTES for unincorporated wave lengths of spectral energy:
8:52am-11:16am >	Part 1 <lymph>	Thymus	Kidney	Part 1	Part 1	Part 1	urethra
11:16am-4:04pm >	Part 2 <blood>	Celiac Trunk	Gallbladder	Part 2	Part 2	Part 2	armpits
4:04pm-12:52am >	Pt. 3<hormone>	Suprarenal Gland	Duodenum	Part 3	Part 3	Part 3	nipples
12:52am-7:16am >	Part 4 <DNA>	Cerebellum 5	Liver	Part 4	Part 4	Part 4	anus
7:16am-8:04am >	Part 5 <RNA>	Cerebrum 18	3rd Ventricle	Part 5	Part 5	Part 5	eye
8:04am-8:52am >	Part 6 <protein>	Cranial Nerve X	Nerve L2	Part 6	Part 6	Part 6	vagina

4/26/2015 DAY 1 BOB HOOK COMPLEX above is altered in connection with Bob Center, Lower Canine (by way of balanced, full Mt Ss 1), through aegis of the Lateral Occipitotemporal Gyrus.

Associated bones/muscles are (1) Maxilla Bone - eye's dilator muscle
(2) Hyoid - transversus thoracis

(3) L2
deep masseter

(4) Trapezium
opponens pollicis

(5) Rib 9
cricothyroid, oblique part

(6) Cuneiform Medial
semitendinosus

4/27/2015 Day 2 Bob-A below is altered in connection with Bob Center, L5 (by way of balanced, full Mt Ss 1), bringing forth the Lateral Sesamoid of Mt Ss 1, isolating its Medial Ss and the Lacrimal Bone.

DAY 2 BOB-A > (1) MAXILLA BONE - eye's sphincter muscle
Associated bones/muscles are (2) Hyoid - rectus abdominus, 2nd part

(3) L2
temporalis

(4) Trapezium
palmaris brevis

(5) Rib 9
cricopharyngeus

(6) Cuneiform Medial
articularis genu

4/28/2015 Day 3 Bob Hook Complex Aid (Bob-A) below is altered in connection with Bob Center, RLS 4.

(1) Maxilla Bone - eye's orbitalis muscle
(2) Hyoid - transversus abdominus

(3) L2
superficial masseter

(4) Trapezium
opponens digiti minimi

(5) Rib 9
cricothyroid, straight part

(6) CUNEIFORM MEDIAL > DAY 3 BOB-A
semimembranosus

PROCESS FOR ALTERING STRUCTURES
with the following occurances proposed as associated with progress toward optimal functioning

Read boxes from left to right	**Inhalation along given tracts "to" given structures,**	**Likely causes (1) eye tracts to receive spectral energy (with surrogate aid from 6 Exit correspondents*) & intake into**	**And (2) pressure (for alteration) on**	**Exhalation with no collapse of breath tract & structures,**	**Causes (1) pressure (for alteration) on**	**And (2)**	**And (3)**
Day 1 ^ = * see page bottom for each	Superior lacrimal canaliculi "to" Superior sagittal sinuses,	Lower canines ^	Medial sesamoid of Mt Ss 1s^^ as well as Lateral occipitotemporal gyri^^;	Sup. lac. can. & Sup. sag. sinuses & 6 Exit correspondents* & Lower canines^ & Medial sesamoid of MtSs1s^^ & Lat. occipitotemporal gyri^^,	Lower canines ^ **And intake into** Medial sesamoid of MtSs1s^^ as well as Lat. occipitotemporal gyri ^^	Breath "to" Superior sagittal sinuses to disperse to receiving structures of the brain to serve during inhalation	Exhalation pressure brought to bear on 6 Exit correspondents* to precipitate that which*** will serve possible surrogate, specifically needed spectral energy roles during inhalation; unused "spectral energy" pressure of the breath cycle disperses to Exits**.
Day 2 ^ = * see below for each	Inferior lacrimal canaliculi "to" Cavernous sinuses 5,	As above but for L5 ^ + Lateral sesamoid of Mt Ss 1s	As above but for the Maxilla bone ^^;	Inf. lac. can. & Cavernous sinuses 5 & 6 Exit correspondents* & L5 ^ + Lateral Ss of Mt Ss 1s & Maxilla bone ^^,	L5 ^ + Lateral sesamoid of Mt Ss 1s **And intake into** Maxilla bone ^^	Breath "to" Cavernous sinuses 5 to disperse to receiving structures of the brain	As above
Day 3 ^ = * see below	Superior nasal meatus & incisive canal "to" LLS 10,	As above but for RLS 4 ^	As above but for Cuneiform medials ^^;	Sup.nas.m. & LLS 10 & 6 Exit correspondents* & RLS 4 ^ & Cuneiform medials ^^,	RLS 4 ^ **And intake into** Cuneiform medials ^^	Breath "to" LLS 10 to disperse to lung part destinations	As above

Note: Maintain alignment of L5**/**pisiform, McSs2**/**incus, McSs1**/**hyoid, MtSs1**/**patella.

v = down arrow **Direction** of **Stretch** for **Muscles** on **Front** of **Page**

transversus thoracis - from 2nd-6th costal cartilages down to area of xiphoid/sternum, fiber progress down **v**
deep masseter - from zygomatic arch to down along anterior ramus of mandible | in 24 hrs.
opponens pollicis - from flexor retinaculum/scaphoid/trapezium out & under to length of Mc 1 outer border
cricothyroid, oblique part - lateral from straight part (see below) to inner thyroid cartilage behind oblique line
semitendinosus - from mid-portion of posterior ishial tuberosity to medial upper tibia below gracilis insertion

rectus abdominus, 2nd part - up from 3rd part to bottom of 1st part, between lower rib drop, fiber progress **v**
temporalis - from all along side of head down to coronoid process | inward
palmaris brevis - from hand's outer edge beyond pisiform to flexor retinaculum & palmar aponeurosis
cricopharyngeus - from area below pharyngeal raphe & above esophageal muscle to cricoid cartilage's side
articularis genu - from synovial bursa above patella to above lowest part of anterior femur for short distance

transversus abdominus - from area out from lower spine straight around toward linea alba, fiber progress up **v**
superficial masseter - from maxilla under zygomatic bone to coronoid process & anterior ramus | in 24 hrs.
opponens digiti minimi - from upper flexor retinaculum & hook of hamate up & under to lateral Mc 5
cricothyroid, straight part - from front of cricoid cartilage up to inside bottom border of thyroid cartilage
semimembranosus - from ishial tuberosity lateral to semitendinosus to band at tibia's posterior medial top

^ & ^^ **:** ^ is Part 2's "Inroad Channel" (= Center of Gravity) & ^^ is the "Resulting Structure" (= Day's Bone +)

***Exit correspondents associated with Day 1, Day 2 & Day 3 structures are shown below**						**** Exits**
8:52a - 11:16a **|** Eye part 1 **|**	Thymus	Kidney	RLS 3, p.1	RLS 6, p.1	LLS 10,p.1	Urethra
11:16a - 4:04p **|** Eye part 2 **|**	Celiac Trunk	Gallbladder	part 2	part 2	part 2	Armpits
4:04p - 12:52a **|** Eye part 3 **|**	Suprarenal Gland	Duodenum	part 3	part 3	part 3	Nipples
12:52a - 7:16a **|** Eye part 4 **|**	Cerebellum 5	Liver	part 4	part 4	part 4	Anus
7:16a - 8:04a **|** Eye part 5 **|**	Cerebrum 18	3rd Ventricle	part 5	part 5	part 5	Eye
8:04a - 8:52a **|** Eye part 6 **|**	Cranial nerve X	Nerve L2	part 6	part 6	part 6	Vagina

***** That which is formed is that which is needed to serve in altering organism structures to allow the organism to continually change to accord itself to its constantly altering universe.**

8:52 a.m. 7/2/1939 HUMAN as Bob or Pendulum from Crista Galli as Hook or Pivot for 4/29 - 5/1/2015

DAY 1 BOB HOOK COMPLEX is ETHMOID+LAT. MT SS/Sphenoid BONE with breath through Nasolacrimal Duct (N.D.) & Superior Lacrimal Canaliculus to activate the Superior Sagittal Sinus thereby arranging MEDIAL OCCIPITEMPORAL GYRUS to align UPPER LAYER, SECONDARY OLFACTORY SYSTEM to form Lens, "muscles" are the inferior-most 3-member set (55-57) of 3 equatorial zonular fibers per set.

DAY 2 BOB-A is LACRIMAL/Femur BONE with 2nd component of breath through N.D. & Inferior Lacrimal Canaliculus to activate Cavernous Sinus 5 thereby arranging GLOSSOPHARYNGEAL NERVE (C.N. IX) to continue proper gyrus function, muscles are the dilator, sphincter and orbitalis of the eye.

DAY 3 BOB HOOK COMPLEX AID (BOB-A) is T10/MT PP3 with 3rd component of breath through Superior Nasal Meatus & Incisive Canal to activate LLS 10 thereby arranging SPINAL NERVE 19 (L3 Spinal Nerve) to continue proper gyrus function, muscles are as shown.

In order for the above described Bob Hook Complex to approach optimal function, there can be no mis-alignment of its associated bone, muscle and organ structures. In the lower set of boxed columns below, preceded in the upper set by the enabling breath tracts, and aligned to the 6 spectral energy time intervals in 24 hours at left, are the 6 spectral energy associated structures as correlated with each numbered bone further below in the dated boxes. The 3 dated boxes then show the associated bone scaffold for Mt PP3 with the muscles for each bone of the scaffold changing through the 3 dates to provide on-going bone adjustment.

TIME INTERVALS corresponding to the 6 periods in 24 hours in which energy need evolved from possible available ranges of spectral energy from radio to gamma rays:	1 Breath thru nasolacrimal duct into inferior lacrimal canaliculus to activate cavernous sinus 5 & Eye Apparatus:	2 Breath through superior nasal meatus to activate sphenoid sinus and the	3 Breath through Eustacean tube to activate cochlea's outer hair cells and the	4 Breath through inferior nasal meatus & incisive canal to activate RLS 3:	5 Breath through middle nasal meatus & incisive canal to activate RLS 6:	6 Breath through superior nasal meatus & incisive canal to activate LLS 10:	EXIT ROUTES for unincor-porated wave lengths of spectral energy:
8:52am-11:16am >	Part 1 <lymph>	Thymus	Kidney	Part 1	Part 1	Part 1	urethra
11:16am-4:04pm >	Part 2 <blood>	Celiac Trunk	Gallbladder	Part 2	Part 2	Part 2	armpits
4:04pm-12:52am >	Pt. 3<hormone>	Suprarenal Gland	Duodenum	Part 3	Part 3	Part 3	nipples
12:52am-7:16am >	Part 4 <DNA>	Cerebellum 5	Liver	Part 4	Part 4	Part 4	anus
7:16am-8:04am >	Part 5 <RNA>	Cerebrum 19	3rd Ventricle	Part 5	Part 5	Part 5	eye
8:04am-8:52am >	Part 6 <protein>	Cranial Nerve IX	Nerve L3	Part 6	Part 6	Part 6	vagina

4/29/2015 DAY 1 BOB HOOK COMPLEX above is altered in connection with Bob Center, Upper Lateral Incisor (by way of balanced, full Mt Ss 1), through aegis of the Medial Occipitotemporal Gyrus.

Associated bones/muscles are (1) Lacrimal Bone - eye's dilator muscle
(2) Femur - serratus anterior, upper part
(3) L3
tragicus
(4) Mc PP3
flexor pollicis brevis
(5) T10
orbicularis oris, deep fibers
(6) Mt PP3
iliacus

4/30/2015 Day 2 Bob Hook Complex Aid (Bob-A) below is altered in connection with Bob Center, the Medial Sesamoid of Mt Ss 1 (by way of balanced, full Mt Ss 1).

DAY 2 BOB-A > (1) LACRIMAL BONE - eye's sphincter muscle
Associated bones/muscles are (2) Femur - rectus abdominus, 3rd part
(3) L3
helicis major
(4) Mc PP3
abductor digiti minimi
(5) T10
superior pharyngeal constrictor
(6) Mt PP3
psoas

5/1/2015 Day 3 Bob Hook Complex Aid (Bob-A) below is altered in connection with Bob Center, LLS 4.

(1) Lacrimal Bone - eye's orbitalis muscle
(2) Femur - serratus anterior, lower part
(3) L3
antitragicus
(4) Mc PP3
flexor digiti minimi brevis
(5) T10
buccinator
(6) MT PP3 > DAY 3 BOB-A
quadratus lumborum

PROCESS FOR ALTERING STRUCTURES
with the following occurances proposed as associated with progress toward optimal functioning

Read boxes from left to right	**Inhalation along given tracts "to" given structures,**	**Likely causes (1) eye tracts to receive spectral energy (with surrogate aid from 6 Exit correspondents*) & intake into**	**And (2) pressure (for alteration) on**	**Exhalation with no collapse of breath tract & structures,**	**Causes (1) pressure (for alteration) on**	**And (2)**	**And (3)**
Day 1 ^ = * see page bottom for each	Superior lacrimal canaliculi "to" Superior sagittal sinuses**,**	Upper lateral incisors ^	Lateral sesamoid of Mt Ss 1s^^ as well as Medial occipitotemporal gyri^^**;**	Sup. lac. can. & Sup. sag. si. & 6 Exit correspondents* & Upper lateral incisors ^ & Lateral sesamoid of MtSs1s^^ & Med. occipitotemporal gyri ^^**,**	Upper lateral incisors ^ **And intake into** Lateral sesamoid of MtSs1s^^ as well as Med. occipitotemporal gyri ^^	Breath "to" Superior sagittal sinuses to disperse to receiving structures of the brain to serve during inhalation	Exhalation pressure brought to bear on 6 Exit correspondents* to precipitate that which*** will serve possible surrogate, specifically needed spectral energy roles during inhalation**;** unused "spectral energy" pressure of the breath cycle disperses to Exits**.
Day 2 ^ = * see below for each	Inferior lacrimal canaliculi "to" Cavernous sinuses 5**,**	As above but for the Medial sesamoid of Mt Ss 1s ^	As above but for the Lacrimal bones ^^**;**	Inf. lac. can. & Cavernous sinuses 5 & 6 Exit correspondents* & Medial sesamoid of MtSs1s^ & Lacrimal bones ^^**,**	Medial sesamoid of Mt Ss 1s ^ **And intake into** Lacrimal bones ^^	Breath "to" Cavernous sinuses 5 to disperse to receiving structures of the brain	As above
Day 3 ^ = * see below	Superior nasal meatus & incisive canal "to" LLS 10**,**	As above but for LLS 4 ^	As above but for Mt PP3s ^^**;**	Sup. nas. m. & LLS 10 & 6 Exit correspondents* & LLS 4 ^ & Mt PP3s ^^**,**	LLS 4 ^ **And intake into** Mt PP3s ^^	Breath "to" LLS 10 to disperse to lung part destinations	As above

Note: Maintain alignment of L5**/**pisiform, McSs2**/**incus, McSs1**/**hyoid, MtSs1**/**patella.

v = down arrow **Direction** of **Stretch** for **Muscles** on **Front** of **Page**

serratus anterior, upper part - from front bodies of ribs 2-1 to superior border and/or angle of scapula, fiber **v** progress upward thru 24 hours
tragicus - from ear's lower notch toward upper notch
flexor pollicis brevis - from flexor retinaculum & capitate, trapezium & trapezoid to outside base of Mc PP1
orbicularis oris, deep fibers - underlying intrinsic fibers around mouth to medial lower lip, outer fibers first
iliacus - from anterior iliac crest down fossa to lesser trochanter at inner top of femur

rectus abdominus, 3rd part - from just above navel at top of 4th part up to bottom of 2nd part, fiber progress **v** inward in 24 hours
helicis major - from along front of helix down to notch above the tragus
abductor digiti minimi - from outside base of Mc PP5 to pisiform / flexor carpi ulnaris tendon along outer hand
superior pharyngeal constrictor**-**from pharyngeal raphe top to pterygoid hamulus**,** pterygomandibular & **v** mylohyoid raphes & tongue
psoas - from lesser trochanter at inner top of femur up to L4-L1 and T12

serratus anterior, lower part -from front bodies of ribs 9-2 to front medial border and angles (tips) of scapula **v** with fiber progress upward through 24 hours
antitragicus - from ear's lower notch back along antihelix
flexor digiti minimi brevis - from front lateral forward hamate (hamulus) & flexor retinaculum to Mc PP5 base
buccinator - from pterygomandibular raphe/lateral alveolar processes to blend in lip fibers & cross at mouth angles
quadratus lumborum - from medial 1/2 of 12th rib & lumbar transverse processes down to medial iliac crest

^ & ^^ **:** ^ is Part 2's "Inroad Channel" (= Center of Gravity) & ^^ is the "Resulting Structure" (= Day's Bone +)

***Exit correspondents associated with Day 1, Day 2 & Day 3 structures are shown below**

						**** Exits**
8:52a - 11:16a **|** Eye part 1 **|**	Thymus	Kidney	RLS 3, p.1	RLS 6, p.1	LLS 10,p.1	Urethra
11:16a - 4:04p **|** Eye part 2 **|**	Celiac Trunk	Gallbladder	part 2	part 2	part 2	Armpits
4:04p - 12:52a **|** Eye part 3 **|**	Suprarenal Gland	Duodenum	part 3	part 3	part 3	Nipples
12:52a - 7:16a **|** Eye part 4 **|**	Cerebellum 5	Liver	part 4	part 4	part 4	Anus
7:16a - 8:04a **|** Eye part 5 **|**	Cerebrum 19	3rd Ventricle	part 5	part 5	part 5	Eye
8:04a - 8:52a **|** Eye part 6 **|**	Cranial nerve IX	Nerve L3	part 6	part 6	part 6	Vagina

***** That which is formed is that which is needed to serve in altering organism structures to allow the organism to continually change to accord itself to its constantly altering universe.**

8:52 a.m. 7/2/1939 HUMAN as Bob or Pendulum from Crista Galli as Hook or Pivot for 5/2 - 5/4/2015

DAY 1 BOB HOOK COMPLEX is Ethmoid/SPHENOID+MED. MT SS BONE with breath through Nasolacrimal Duct (N.D.) & Superior Lacrimal Canaliculus to activate the Superior Sagittal Sinus thereby arranging PARAHIPPOCAMPAL GYRUS to align UPPER LAYER, SECONDARY OLFACTORY SYSTEM to form Lens, "muscles" are the lower, medial quadrant 3-member set (58-60) of 3 equatorial zonular fibers per set.

DAY 2 BOB HOOK COMPLEX AID is MAXILLA/Tibia BONE with 2nd component of breath through N.D. & Inferior Lacrimal Canaliculus to activate Cavernous Sinus 5 thereby arranging VAGUS NERVE (C.N. X) to continue proper gyrus function, muscles are the dilator, sphincter and orbitalis of the eye.

DAY 3 BOB HOOK COMPLEX AID (BOB-A) is Rib10/MT 1 with 3rd component of breath through Superior Nasal Meatus & Incisive Canal to activate LLS 10 thereby arranging SPINAL NERVE 20 (L4 Spinal Nerve) to continue proper gyrus function, muscles are as shown.

In order for the above described Bob Hook Complex to approach optimal function, there can be no mis-alignment of its associated bone, muscle and organ structures. In the lower set of boxed columns below, preceded in the upper set by the enabling breath tracts, and aligned to the 6 spectral energy time intervals in 24 hours at left, are the 6 spectral energy associated structures as correlated with each numbered bone further below in the dated boxes. The 3 dated boxes then show the associated bone scaffold for Mt 1 with the muscles for each bone of the scaffold changing through the 3 dates to provide on-going bone adjustment.

TIME INTERVALS corresponding to the 6 periods in 24 hours in which energy need evolved from possible available ranges of spectral energy from radio to gamma rays:	1 Breath thru nasolacrimal duct into inferior lacrimal canaliculus to activate cavernous sinus 5 & Eye Apparatus:	2 Breath through superior nasal meatus to activate sphenoid sinus and the	3 Breath through Eustacean tube to activate cochlea's outer hair cells and the	4 Breath through inferior nasal meatus & incisive canal to activate RLS 3:	5 Breath through middle nasal meatus & incisive canal to activate RLS 6:	6 Breath through superior nasal meatus & incisive canal to activate LLS 10:	EXIT ROUTES for unincor-porated wave lengths of spectral energy:
8:52am-11:16am >	Part 1 <lymph>	Thymus	Kidney	Part 1	Part 1	Part 1	urethra
11:16am-4:04pm >	Part 2 <blood>	Celiac Trunk	Gallbladder	Part 2	Part 2	Part 2	armpits
4:04pm-12:52am >	Pt. 3<hormone>	Suprarenal Gland	Duodenum	Part 3	Part 3	Part 3	nipples
12:52am-7:16am >	Part 4 <DNA>	Cerebellum 5	Liver	Part 4	Part 4	Part 4	anus
7:16am-8:04am >	Part 5 <RNA>	Cerebrum 20	3rd Ventricle	Part 5	Part 5	Part 5	eye
8:04am-8:52am >	Part 6 <protein>	Cranial Nerve X	Nerve L4	Part 6	Part 6	Part 6	vagina

5/2/2015 DAY 1 BOB HOOK COMPLEX above is altered in connection with Bob Center, Lower Lateral Incisor (by way of balanced, full Mt Ss 1), through aegis of the Parahippocampal Gyrus.

Associated bones/muscles are (1) Maxilla Bone - eye's dilator muscle
(2) Tibia - serratus posterior superior

(3) L4
procerus

(4) Mc 1
interosseous palmar

(5) Rib 10
digastric, anterior belly

(6) Mt 1
gluteus minimus

5/3/2015 Day 2 Bob-A below is altered in connection with Bob Center, L5 (by way of balanced, full Mt Ss 1), bringing forth the Lateral Sesamoid of Mt Ss 1, isolating its Medial Ss and the Lacrimal Bone.

DAY 2 BOB-A > (1) MAXILLA BONE - eye's sphincter muscle

Associated bones/muscles are (2) Tibia - rectus abdominus, 4th/5th part

(3) L4
occipitofrontalis (epicranius)

(4) Mc 1
interosseous lumbrical

(5) Rib 10
middle pharyngeal constrictor

(6) Mt 1
gluteus maximus

5/4/2015 Day 3 Bob Hook Complex Aid (Bob-A) below is altered in connection with Bob Center, RLS 3.

(1) Maxilla Bone - eye's orbitalis muscle
(2) Tibia - serratus posterior inferior

(3) L4
corrugator supercilii

(4) Mc 1
interosseous dorsal

(5) Rib 10
digastric, posterior belly

(6) MT 1 > DAY 3 BOB-A
gluteus medius

PROCESS FOR ALTERING STRUCTURES
with the following occurances proposed as associated with progress toward optimal functioning

Read boxes from left to right	**Inhalation along given tracts "to" given structures,**	**Likely causes (1) eye tracts to receive spectral energy (with surrogate aid from 6 Exit correspondents*) & intake into**	**And (2) pressure (for alteration) on**	**Exhalation with no collapse of breath tract & structures,**	**Causes (1) pressure (for alteration) on**	**And (2)**	**And (3)**
Day 1 ^ = * see page bottom for each	Superior lacrimal canaliculi "to" Superior sagittal sinuses,	Lower lateral incisors ^	Medial sesamoid of Mt Ss 1s^^ as well as Parahippocampal gyri ^^;	Sup. lac. can. & Sup. sag. si. & 6 Exit correspondents* & Lower lateral incisors ^ & Medial sesamoid of Mt Ss 1s ^^ & Parahippocampal gyri ^^,	Lower lateral incisors ^ **And intake into** Medial sesamoid of MtSs1s^^ as well as Parahippocampal gyri ^^	Breath "to" Superior sagittal sinuses to disperse to receiving structures of the brain to serve during inhalation	Exhalation pressure brought to bear on 6 Exit correspondents* to precipitate that which*** will serve possible surrogate, specifically needed spectral energy roles during inhalation; unused "spectral energy" pressure of the breath cycle disperses to Exits**.
Day 2 ^ = * see below for each	Inferior lacrimal canaliculi "to" Cavernous sinuses 5,	As above but for L5 ^ + Lateral sesamoid of Mt Ss 1s	As above but for the Maxilla bone ^^;	Inf. lac. can. & Cavernous sinuses 5 & 6 Exit correspondents* & L5 ^ + Lateral Ss of Mt Ss 1s & Maxilla bone ^^,	L5 ^ + Lateral sesamoid of Mt Ss 1s **And intake into** Maxilla bone ^^	Breath "to" Cavernous sinuses 5 to disperse to receiving structures of the brain	As above
Day 3 ^ = * see below	Superior nasal meatus & incisive canal "to" LLS 10,	As above but for RLS 3 ^	As above but for Mt 1s ^^;	Sup. nas. m. & LLS 10 & 6 Exit correspondents* & RLS 3 ^ & Mt 1s ^^,	RLS 3 ^ **And intake into** Mt 1s ^^	Breath "to" LLS 10 to disperse to lung part destinations	As above

Note: Maintain alignment of L5**/**pisiform, McSs2**/**incus, McSs1**/**hyoid, MtSs1**/**patella.

v & **^** = down & up arrows **Direction** of **Stretch** for **Muscles** on **Front** of **Page**

serratus posterior superior - from area of C6-C7, T1-T2 down to superior border of ribs 2-5 near angle, fiber **v**
procerus - from area of upper nasal bone juncture up into skin between eyebrows progress up in 24 hrs
interosseous palmar - from medial Mc 2 to Mc PP2 base & from lateral Mc 4-5 to Mc PP4-5 bases
digastric, anterior belly - from behind central inner chin to loop up from hyoid bone's lesser horn area
gluteus minimus - from lower posterior gluteal surface to outer front of greater trochanter

rectus abdominus, 4th/5th part - from area above top of pubis up to bottom of 3rd part at navel forehead
occipitofrontalis (epicranius) - from lateral back of head over epicranial aponeurosis, spreading down across**^**
interosseous lumbrical - from lateral side of Mc PP2-5 back to same of palmar tendons over Mc 2-3 & Mc **v**
middle pharyngeal constrictor - from pharyngeal raphe to hyoid bone's horns 3-5 interior both sides
gluteus maximus - from upper outer posterior femur to hip back edge/sacrum/coccyx/sacrotuberous ligament

serratus posterior inferior - from area of L2-L1, T12-T11 up to inferior border of ribs 12-9 near angle, up in 24
corrugator supercilii - from bone lip above eye's inner corner obliquely up and out to bone above mid-orbit
interosseous dorsal -2 heads interiorly from 5 Mc bones to lateral Mc PP2, lateral & medial Mc PP3 & medi- **v**
digastric, posterior belly - from mastoid process to loop up from hyoid bone's lesser horn area al Mc PP4
gluteus medius -from upper posterior gluteal surface below iliac crest to greater trochanter's top & lateral side

^ & ^^ **:** ^ is Part 2's "Inroad Channel" (= Center of Gravity) & ^^ is the "Resulting Structure" (= Day's Bone +)

***Exit correspondents associated with Day 1, Day 2 & Day 3 structures are shown below**						**** Exits**
8:52a - 11:16a **|** Eye part 1 **|**	Thymus	Kidney	RLS 3, p.1	RLS 6, p.1	LLS 10,p.1	Urethra
11:16a - 4:04p **|** Eye part 2 **|**	Celiac Trunk	Gallbladder	part 2	part 2	part 2	Armpits
4:04p - 12:52a **|** Eye part 3 **|**	Suprarenal Gland	Duodenum	part 3	part 3	part 3	Nipples
12:52a - 7:16a **|** Eye part 4 **|**	Cerebellum 5	Liver	part 4	part 4	part 4	Anus
7:16a - 8:04a **|** Eye part 5 **|**	Cerebrum 20	3rd Ventricle	part 5	part 5	part 5	Eye
8:04a - 8:52a **|** Eye part 6 **|**	Cranial nerve X	Nerve L4	part 6	part 6	part 6	Vagina

***** That which is formed is that which is needed to serve in altering organism structures to allow the organism to continually change to accord itself to its constantly altering universe.**

8:52 a.m. 7/2/1939 HUMAN as Bob or Pendulum from Crista Galli as Hook or Pivot for 5/5 - 5/7/2015

DAY 1 BOB HOOK COMPLEX is ETHMOID+LAT. MT SS/Sphenoid BONE with breath through Nasolacrimal Duct (N.D.) & Superior Lacrimal Canaliculus to activate the Inferior Sagittal Sinus thereby arranging POSTCENTRAL GYRUS to align LOWER LAYER, SECONDARY OLFACTORY SYSTEM to form Lens, "muscles" are the lower, medial quadrant 3-member set (61-63) of 3 equatorial zonular fibers per set.

DAY 2 BOB-A is LACRIMAL/Fibula BONE with 2nd component of breath through N.D. & Inferior Lacrimal Canaliculus to activate Cavernous Sinus 6 thereby arranging ACCESSORY NERVE (C.N. XI) to continue proper gyrus function, muscles are the dilator, sphincter and orbitalis of the eye.

DAY 3 BOB HOOK COMPLEX AID (BOB-A) is T11/MT MP3 with 3rd component of breath through Superior Nasal Meatus & Incisive Canal to activate RLS 10 thereby arranging SPINAL NERVE 21 (L5 Spinal Nerve) to continue proper gyrus function, muscles are as shown.

In order for the above described Bob Hook Complex to approach optimal function, there can be no mis-alignment of its associated bone, muscle and organ structures. In the lower set of boxed columns below, preceded in the upper set by the enabling breath tracts, and aligned to the 6 spectral energy time intervals in 24 hours at left, are the 6 spectral energy associated structures as correlated with each numbered bone further below in the dated boxes. The 3 dated boxes then show the associated bone scaffold for Mt MP3 with the muscles for each bone of the scaffold changing through the 3 dates to provide on-going bone adjustment.

TIME INTERVALS corresponding to the 6 periods in 24 hours in which energy need evolved from possible available ranges of spectral energy from radio to gamma rays:	1 Breath through nasolacrimal duct into inferior lacrimal canaliculus to activate cavernous sinus 6 & Eye Apparatus:	2 Breath through nasal meatuses to activate ethmoid cells and the	3 Breath through Eustacean tube to activate cochlea's inner hair cells and the	4 Breath through inferior nasal meatus & incisive canal to activate LLS 4:	5 Breath through middle nasal meatus & incisive canal to activate RLS 7:	6 Breath through superior nasal meatus & incisive canal to activate RLS 10:	EXIT ROUTES for unincor-porated wave lengths of spectral energy:
8:52am-11:16am >	Part 1 <lymph>	Tonsils 1, 2, 3 *	Kidney	Part 1	Part 1	Part 1	urethra
11:16am-4:04pm >	Part 2 <blood>	Iliac Artery	Gallbladder	Part 2	Part 2	Part 2	armpits
4:04pm-12:52am >	Part 3 <hormone>	Gonads	Duodenum	Part 3	Part 3	Part 3	nipples
12:52am-7:16am >	Part 4 <DNA>	Cerebellum 6	Liver	Part 4	Part 4	Part 4	anus
7:16am-8:04am >	Part 5 <RNA>	Cerebrum 21	4th Ventricle	Part 5	Part 5	Part 5	eye
8:04am-8:52am >	Part 6 <protein>	Cranial Nerve XI	Nerve L5	Part 6	Part 6	Part 6	vagina

5/5/2015 DAY 1 BOB HOOK COMPLEX above is altered in connection with Bob Center, Upper Central Incisor (by way of balanced, full Mt Ss 1), through aegis of the Postcentral Gyrus.

Associated bones/muscles are (1) Lacrimal Bone - eye's dilator muscle

(2) Fibula - sternocleidomastoid, sternal head

(3) L5
sternothyroid

(4) Mc MP3
biceps brachii, short head

(5) T11
omohyoid, superior belly

(6) Mt MP3
tibialis anterior

5/6/2015 Day 2 Bob Hook Complex Aid (Bob-A) below is altered in connection with Bob Center, the Medial Sesamoid of Mt Ss 1 (by way of balanced, full Mt Ss 1).

DAY 2 BOB-A > (1) LACRIMAL BONE - eye's sphincter muscle

Associated bones/muscles are (2) Fibula - pyramidalis

(3) L5
sternohyoid

(4) Mc MP3
anconeus

(5) T11
subclavius

(6) Mt MP3
flexor hallucis brevis, both heads

*** Day 1 Tonsil is Lingual**
Day 2 Tonsil is Pharyngeal
Day 3 Tonsil is Palatine

5/7/2015 Day 3 Bob Hook Complex Aid (Bob-A) below is altered in connection with Bob Center, LLS 3.

(1) Lacrimal Bone - eye's orbitalis muscle

(2) Fibula - sternocleidomastoid, clavicular head

(3) L5
thyrohyoid

(4) Mc MP3
biceps brachii, long head

(5) T11
omohyoid, inferior belly

(6) MT MP3 > DAY 3 BOB-A
tibialis posterior

PROCESS FOR ALTERING STRUCTURES
with the following occurances proposed as associated with progress toward optimal functioning

Read boxes from left to right	**Inhalation along given tracts "to" given structures,**	**Likely causes (1) eye tracts to receive spectral energy (with surrogate aid from 6 Exit correspondents*) & intake into**	**And (2) pressure (for alteration) on**	**Exhalation with no collapse of breath tract & structures,**	**Causes (1) pressure (for alteration) on**	**And (2)**	**And (3)**
Day 1 ^ = * see page bottom for each	Superior lacrimal canaliculi "to" Inferior sagittal sinuses**,**	Upper central incisors ^	Lateral sesamoid of Mt Ss 1s ^^ as well as Postcentral gyri ^^**;** & Postcentral gyri ^^**,**	Sup. lac. can. & Inf. sag. si. & 6 Exit correspondents* & Upper central incisors ^ & Lateral sesamoid of Mt Ss 1s ^^	Upper central incisors^ **And intake into** Lateral sesamoid of Mt Ss 1s ^^ as well as Postcentral gyri ^^	Breath "to" Inferior sagittal sinuses to disperse to receiving structures of the brain to serve during inhalation	Exhalation pressure brought to bear on 6 Exit correspondents* to precipitate that which*** will serve possible surrogate, specifically needed spectral energy roles during inhalation**;** unused "spectral energy" pressure of the breath cycle disperses to Exits**.
Day 2 ^ = * see below for each	Inferior lacrimal canaliculi "to" Cavernous sinuses 6**,**	As above but for the Medial sesamoid of Mt Ss 1s ^	As above but for the Lacrimal bones ^^**;** & Lacrimal bones ^^**,**	Inf. lac. can. & Cavernous sinuses 6 & 6 Exit correspondents* & Medial sesamoid of MtSs1s^	Medial sesamoid of Mt Ss 1s ^ **And intake into** Lacrimal bones ^^	Breath "to" Cavernous sinuses 6 to disperse to receiving structures of the brain	As above
Day 3 ^ = * see below	Superior nasal meatus & incisive canal "to" RLS 10**,**	As above but for LLS 3 ^	As above but for Mt MP3s^^**;** LLS 3 ^ & Mt MP3s ^^**,**	Sup. nas. m. & RLS 10 & 6 Exit correspondents* &	LLS 3 ^ **And intake into** Mt MP3s ^^	Breath "to" RLS 10 to disperse to lung part destinations	As above

Note: Maintain alignment of L5**/**pisiform, McSs2**/**incus, McSs1**/**hyoid, MtSs1**/**patella.

v = down arrow **Direction** of **Stretch** for **Muscles** on **Front** of **Page** ~ (from below) medial Cuneiform Medial & Mt 1 base

sternocleidomastoid, sternal head - from upper anterior manubrium to mastoid process & superior nuchal line
sternothyroid - from upper posterior manubrium up to thyroid cartilage's oblique line along its lamina
biceps brachii, short head - from front border of scapula's coracoid process to radial tuberosoity (see below)
omohyoid, superior belly - from medial greater horn of hyoid bone down to intermediate tendon (see below)
tibialis anterior - from upper 1/2 anterior lateral tibia & adjoining interosseous membrane to posterior (~above)

pyramidalis - from anterior pubis slightly obliquely inward and up to a small lowest section of linea alba
sternohyoid - from body of hyoid bone down to posterior manubrium and adjacent end of clavicle
anconeus - from ulna's upper posterior lateral side & lateral olecranon to posterior lateral epicondyle of **v** humerus
subclavius - from bottom of middle of clavicle in to junction of 1st rib with its cartilage
flexor hallucis brevis, both heads - from Mt PP1 plantar base sides (& MtSs1s) to tibialis posterior tendon,etc.

sternocleidomastoid, clavicular head - from medial, upper clavicle to mastoid process & superior nuchal line
thyrohyoid - from thyroid cartilage's oblique line along its lamina up to bottom of hyoid bone's greater horn
biceps brachii, long head - from scapula's supraglenoid tubercle to radial tuberosity near top inside of radius
omohyoid, inferior belly - from scapula's top lateral border to intermediate tendon front of internal jugular vein
tibialis posterior - from upper 1/2 posterior tibia & fibula to posterior navicular, 3 cuneiforms & Mt 2-4 bases

^ & ^^ **:** ^ is Part 2's "Inroad Channel" (= Center of Gravity) & ^^ is the "Resulting Structure" (= Day's Bone +)

***Exit correspondents associated with Day 1, Day 2 & Day 3 structures are shown below**							**** Exits**
8:52a - 11:16a **|** Eye part 1 **|**	Tonsils	Kidney	LLS 4, p.1	RLS 7, p.1	RLS 10,p.1	Urethra
11:16a - 4:04p **|** Eye part 2 **|**	Iliac Artery	Gallbladder	part 2	part 2	part 2	Armpits
4:04p - 12:52a **|** Eye part 3 **|**	Gonads	Duodenum	part 3	part 3	part 3	Nipples
12:52a - 7:16a **|** Eye part 4 **|**	Cerebellum 6	Liver	part 4	part 4	part 4	Anus
7:16a - 8:04a **|** Eye part 5 **|**	Cerebrum 21	4th Ventricle	part 5	part 5	part 5	Eye
8:04a - 8:52a **|** Eye part 6 **|**	Cranial nerve XI	Nerve L5	part 6	part 6	part 6	Vagina

***** That which is formed is that which is needed to serve in altering organism structures to allow the organism to continually change to accord itself to its constantly altering universe.**

8:52 a.m. 7/2/1939 HUMAN as Bob or Pendulum from Crista Galli as Hook or Pivot for 5/8 - 5/10/2015

DAY 1 BOB HOOK COMPLEX is Ethmoid/SPHENOID+MED.MT SS BONE with breath through Nasolacrimal Duct (N.D.) & Superior Lacrimal Canaliculus to activate the Inferior Sagittal Sinus thereby arranging PRECENTRAL GYRUS to align LOWER LAYER, SECONDARY OLFACTORY SYSTEM to form Lens, "muscles" are the lower, medial quadrant 3-member set (64-66) of 3 equatorial zonular fibers per set.

DAY 2 BOB-A is MAXILLA/Patella BONE with 2nd component of breath through Nasolacrimal Duct & Inferior Lacrimal Canaliculus to activate Cavernous Sinus 6 thus arranging HYPOGLOSSAL NERVE (C.N. XII) to continue proper gyrus function, muscles are the dilator, sphincter and orbitalis of the eye.

DAY 3 BOB HOOK COMPLEX AID (BOB-A) is Rib 11/MT PP1 with 3rd component of breath through Superior Nasal Meatus & Incisive Canal to activate RLS 10 thereby arranging SPINAL NERVE 22 (S1 of Sacral Plexis) to continue proper gyrus function, muscles are as shown.

In order for the above described Bob Hook Complex to approach optimal function, there can be no mis-alignment of its associated bone, muscle and organ structures. In the lower set of boxed columns below, preceded in the upper set by the enabling breath tracts, and aligned to the 6 spectral energy time intervals in 24 hours at left, are the 6 spectral energy associated structures as correlated with each numbered bone further below in the dated boxes. The 3 dated boxes then show the associated bone scaffold for Mt PP1 with the muscles for each bone of the scaffold changing through the 3 dates to provide on-going bone adjustment.

TIME INTERVALS corresponding to the 6 periods in 24 hours in which energy need evolved from possible available ranges of spectral energy from radio to gamma rays:	1 Breath thru nasolacrimal duct into inferior lacrimal canaliculus to activate cavernous sinus 6 & Eye Apparatus:	2 Breath through nasal meatuses to activate ethmoid cells and the	3 Breath through Eustacean tube to activate cochlea's inner hair cells and the	4 Breath through inferior nasal meatus & incisive canal to activate LLS 4:	5 Breath through middle nasal meatus & incisive canal to activate RLS 7:	6 Breath through superior nasal meatus & incisive canal to activate RLS 10:	EXIT ROUTES for unincor-porated wave lengths of spectral energy:
8:52am-11:16am >	Part 1 <lymph>	Tonsils 1, 2, 3 *	Kidney	Part 1	Part 1	Part 1	urethra
11:16am-4:04pm >	Part 2 <blood>	Iliac Artery	Gallbladder	Part 2	Part 2	Part 2	armpits
4:04pm-12:52am >	Part 3 <hormone>	Gonads	Duodenum	Part 3	Part 3	Part 3	nipples
12:52am-7:16am >	Part 4 <DNA>	Cerebellum 6	Liver	Part 4	Part 4	Part 4	anus
7:16am-8:04am >	Part 5 <RNA>	Cerebrum 22	4th Ventricle	Part 5	Part 5	Part 5	eye
8:04am-8:52am >	Part 6 <protein>	Cranial Nerve XII	Nerve S1	Part 6	Part 6	Part 6	vagina

5/8/2015 DAY 1 BOB HOOK COMPLEX above is altered in connection with Bob Center, Lower Central Incisor (by way of balanced, full Mt Ss 1), through aegis of the Precentral Gyrus.

Associated bones/muscles are (1) Maxilla Bone - eye's dilator muscle

(2) Patella - internal intercostal

(3) Mc Ss 2
diaphragm, anterior costal part

(4) Mc PP1
supinator

(5) Rib 11
geniohyoid

(6) Mt PP1
fibularis brevis

* **Day 1 Tonsil is Lingual**
Day 2 Tonsil is Pharyngeal
Day 3 Tonsil is Palatine

5/9/2015 Day 2 Bob-A below is altered in connection with Bob Center, L5 (by way of balanced, full Mt Ss 1), bringing forth the Lateral Sesamoid of Mt Ss 1, isolating its Medial Ss and the Lacrimal Bone.

DAY 2 BOB-A > (1) MAXILLA BONE - eye's sphincter muscle

Associated bones/muscles are (2) Patella - innermost intercostal

(3) Mc Ss 2
diaphragm, sternal part

(4) Mc PP1
pronator quadratus

(5) Rib 11
mylohyoid

(6) Mt PP1
flexor hallucis longus

5/10/2015 Day 3 Bob Hook Complex Aid (Bob-A) below is altered in connection with Bob Center, RLS 2.

(1) Maxilla Bone - eye's orbitalis muscle

(2) Patella - external intercostal

(3) Mc Ss 2
diaphragm, posterior lumbar & crus part

(4) Mc PP1
pronator teres

(5) Rib 11
stylohyoid

(6) MT PP1 > DAY 3 BOB-A
fibularis longus

PROCESS FOR ALTERING STRUCTURES
with the following occurances proposed as associated with progress toward optimal functioning

Read boxes from left to right	**Inhalation along given tracts "to" given structures,**	**Likely causes (1) eye tracts to receive spectral energy (with surrogate aid from 6 Exit correspondents*) & intake into**	**And (2) pressure (for alteration) on**	**Exhalation with no collapse of breath tract & structures,**	**Causes (1) pressure (for alteration) on**	**And (2)**	**And (3)**
Day 1 ^ = * see page bottom for each	Superior lacrimal canaliculi "to" Inferior sagittal sinuses,	Lower central incisors ^	Medial sesamoid of Mt Ss 1s ^^ as well as Precentral gyri ^^; & Precentral gyri ^^,	Sup. lac. can. & Inf. sag. si. & 6 Exit correspondents* & Lower central incisors ^ & Medial sesamoid of Mt Ss 1s ^^	Lower central incisors^ **And intake into** Medial sesamoid of Mt Ss 1s ^^ as well as Precentral gyri ^^	Breath "to" Inferior sagittal sinuses to disperse to receiving structures of the brain to serve during inhalation	Exhalation pressure brought to bear on 6 Exit correspondents* to precipitate that which*** will serve possible surrogate, specifically needed spectral energy roles during inhalation; unused "spectral energy" pressure of the breath cycle disperses to Exits**.
Day 2 ^ = * see below for each	Inferior lacrimal canaliculi "to" Cavernous sinuses 6,	As above but for L5 ^ + Lateral sesamoid of Mt Ss 1s	As above but for the Maxilla bone ^^; & Maxilla bone ^^,	Inf. lac. can. & Cavernous sinuses 6 & 6 Exit correspondents* & L5 ^ + Lateral Ss of Mt Ss 1s	L5 ^ + Lateral sesamoid of Mt Ss 1s **And intake into** Maxilla bone ^^	Breath "to" Cavernous sinuses 6 to disperse to receiving structures of the brain	As above
Day 3 ^ = * see below	Superior nasal meatus & incisive canal "to" RLS 10,	As above but for RLS 2 ^	As above but for Mt PP1s^^; & RLS 2 ^ & Mt PP1s ^^,	Sup. nas. m. & RLS 10 & 6 Exit correspondents* &	RLS 2 ^ **And intake into** Mt PP1s ^^	Breath "to" RLS 10 to disperse to lung part destinations	As above

Note: Maintain alignment of L5**/**pisiform, McSs2**/**incus, McSs1**/**hyoid, MtSs1**/**patella.

^ / v = up / down arrows **Direction** of **Stretch** for **Muscles** on **Front** of **Page**

around to rib angles
internal intercostal - from rib above, rearward to rib below, fiber progression in 24 hrs. from sternum area **^**
diaphragm, anterior costal part - from inside surface of ribs 12-6 front portion & costal cartilages into central **v**
supinator - from top lateral ulna around radius back to its top front & humerus lateral epicondyle tendon
geniohyoid - from mental spines of posterior central inferior mandible to along median raphe back to **v**
fibularis brevis - from lateral lower portion of fibula to lateral Mt 5 base anterior body of hyoid

innermost intercostal - from rib below, frontward to rib above, in 24 h. from rib angles to costal cartilage area
diaphragm, sternal part - from most anterior central tendon down to posterior xiphoid process
pronator quadratus - wide band from bottom portion of anterior lateral radius up to same of medial ulna
mylohyoid - from along body of hyoid top, then median raphe to mylohyoid line of posterior body of mandible
flexor hallucis longus - from Mt DP1 plantar base medially around heel to central portion of posterior fibula

external intercostal - from rib above, frontward to rib below, in 24 hrs. from costal cartilages to near spine
diaphragm, lumbar & crus part - from arcuate ligaments/upper lumbar vertebrae fronts into posterior central **v**
pronator teres - from anterior humerus medial epicondyle and ulna top to lateral mid-radius tendon
stylohyoid - from styloid process to body of hyoid near its greater horn cuneiform medial
fibularis longus - from head & upper lateral 1/2 of fibula to lateral posterior Mt 1 base and adjoining **^**

^ & ^^ **:** ^ is Part 2's "Inroad Channel" (= Center of Gravity) & ^^ is the "Resulting Structure" (= Day's Bone +)

***Exit correspondents associated with Day 1, Day 2 & Day 3 structures are shown below**						**** Exits**
8:52a - 11:16a **|** Eye part 1 **|**	Tonsils	Kidney	LLS 4, p.1	RLS 7, p.1	RLS 10,p.1	Urethra
11:16a - 4:04p **|** Eye part 2 **|**	Iliac Artery	Gallbladder	part 2	part 2	part 2	Armpits
4:04p - 12:52a **|** Eye part 3 **|**	Gonads	Duodenum	part 3	part 3	part 3	Nipples
12:52a - 7:16a **|** Eye part 4 **|**	Cerebellum 6	Liver	part 4	part 4	part 4	Anus
7:16a - 8:04a **|** Eye part 5 **|**	Cerebrum 22	4th Ventricle	part 5	part 5	part 5	Eye
8:04a - 8:52a **|** Eye part 6 **|**	Cranial nerve XII	Nerve S1	part 6	part 6	part 6	Vagina

***** That which is formed is that which is needed to serve in altering organism structures to allow the organism to continually change to accord itself to its constantly altering universe.**

8:52 a.m. 7/2/1939 HUMAN as Bob or Pendulum from Crista Galli as Hook or Pivot for 5/11 - 5/13/2015

DAY 1 BOB HOOK COMPLEX is ETHMOID+BODYof MANDIBLE/Sphenoid BONE with breath through Nasocrimal Duct (N.D.) & Superior Lacrimal Canaliculus to activate the Inferior Sagittal Sinus thereby arranging MIDDLE FRONTAL GYRUS to align TASTE BUD SYSTEM to form Lens,
"muscles" are the lower, medial quadrant 3-member set (67-69) of 3 equatorial zonular fibers per set.

DAY 2 BOB-A is LACRIMAL/Calcaneus BONE with 2nd component of breath through N.D. & Inferior Lacrimal Canaliculus to activate Cavernous Sinus 6 thereby arranging ACCESSORY NERVE (C.N. XI) to continue proper gyrus function, muscles are the dilator, sphincter and orbitalis of the eye.

DAY 3 BOB HOOK COMPLEX AID (BOB-A) is T12/MT DP3 with 3rd component of breath through Superior Nasal Meatus & Incisive Canal to activate RLS 10 thereby arranging SPINAL NERVE 23 (S2 of Sacral Plexis) to continue proper gyrus function, muscles are as shown.

In order for the above described Bob Hook Complex to approach optimal function, there can be no mis-alignment of its associated bone, muscle and organ structures. In the lower set of boxed columns below, preceded in the upper set by the enabling breath tracts, and aligned to the 6 spectral energy time intervals in 24 hours at left, are the 6 spectral energy associated structures as correlated with each numbered bone further below in the dated boxes. The 3 dated boxes then show the associated bone scaffold for Mt DP3 with the muscles for each bone of the scaffold changing through the 3 dates to provide on-going bone adjustment.

TIME INTERVALS corresponding to the 6 periods in 24 hours in which energy need evolved from possible available ranges of spectral energy from radio to gamma rays:	1 Breath thru nasolacrimal duct into inferior lacrimal canaliculus to activate cavernous sinus 6 & Eye Apparatus:	2 Breath through nasal meatuses to activate ethmoid cells and the	3 Breath through Eustacean tube to activate cochlea's inner hair cells and the	4 Breath through inferior nasal meatus & incisive canal to activate LLS 4:	5 Breath through middle nasal meatus & incisive canal to activate RLS 7:	6 Breath through superior nasal meatus & incisive canal to activate RLS 10:	EXIT ROUTES for unincor-porated wave lengths of spectral energy:
8:52am-11:16am >	Part 1 <lymph>	Tonsils 1, 2, 3 *	Kidney	Part 1	Part 1	Part 1	urethra
11:16am-4:04pm >	Part 2 <blood>	Iliac Artery	Gallbladder	Part 2	Part 2	Part 2	armpits
4:04pm-12:52am >	Part 3 <hormone>	Gonads	Duodenum	Part 3	Part 3	Part 3	nipples
12:52am-7:16am >	Part 4 <DNA>	Cerebellum 6	Liver	Part 4	Part 4	Part 4	anus
7:16am-8:04am >	Part 5 <RNA>	Cerebrum 23	4th Ventricle	Part 5	Part 5	Part 5	eye
8:04am-8:52am >	Part 6 <protein>	Cranial Nerve XI	Nerve S2	Part 6	Part 6	Part 6	vagina

5/11/2015 DAY 1 BOB HOOK COMPLEX above is altered in connection with Bob Center, Medial Sesamoid of Mc Ss 1 (by way of balanced, full McSs1), through aegis of Middle Frontal Gyrus.

Associated bones/muscles are (1) Lacrimal Bone - eye's dilator muscle
(2) Calcaneus - bulbocavernosus
(3) Mc Ss 1
genioglossus, horizontal fibers
(4) Mc DP3
extensor digitorum
(5) T12
palatoglossus
(6) Mt DP3
tensor fasciae latae

*** Day 1 Tonsil is Lingual**
Day 2 Tonsil is Pharyngeal
Day 3 Tonsil is Palatine

5/12/2015 Day 2 Bob Hook Complex Aid (Bob-A) below is altered in connection with Bob Center, the Medial Sesamoid of Mt Ss 1 (by way of balanced, full Mt Ss 1).

DAY 2 BOB-A > (1) LACRIMAL BONE - eye's sphincter muscle
Associated bones/muscles are (2) Calcaneus - superficial transverse perineal
(3) Mc Ss 1
genioglossus, oblique fibers
(4) Mc DP3
extensor carpi ulnaris
(5) T12
hyoglossus
(6) Mt DP3
sartorius

5/13/2015 Day 3 Bob Hook Complex Aid (Bob-A) below is altered in connection with Bob Center,

(1) Lacrimal Bone - eye's orbitalis muscle **LLS 1+2.**
(2) Calcaneus - ischiocavernosus
(3) Mc Ss 1
genioglossus, vertical fibers
(4) Mc DP3
extensor digiti minimi
(5) T12
styloglossus
(6) MT DP3 > DAY 3 BOB-A
rectus femoris

PROCESS FOR ALTERING STRUCTURES
with the following occurances proposed as associated with progress toward optimal functioning

Read boxes from left to right	**Inhalation along given tracts "to" given structures.**	**Likely causes (1) eye tracts to receive spectral energy (with surrogate aid from 6 Exit correspondents*) & intake into**	**And (2) pressure (for alteration) on**	**Exhalation with no collapse of breath tract & structures,**	**Causes (1) pressure (for alteration) on**	**And (2)**	**And (3)**
Day 1 ^ = * see page bottom for each	Superior lacrimal canaliculi "to" Inferior sagittal sinuses,	Medial sesamoid of Mc Ss 1s ^	Body of mandible^^ as well as Middle frontal gyri ^^; Body of mandible ^^ & Middle frontal gyri ^^,	Sup. lac. can. & Inf. sag. si. & 6 Exit correspondents* & Medial sesamoid of Mc Ss 1s ^ &	Medial sesamoid of Mc Ss 1s ^ **And intake into** Body of mandible ^^ as well as Middle frontal gyri ^^	Breath "to" Inferior sagittal sinuses to disperse to receiving structures of the brain to serve during inhalation	Exhalation pressure brought to bear on 6 Exit correspondents* to precipitate that which*** will serve possible surrogate, specifically needed spectral energy roles during inhalation; unused "spectral energy" pressure of the breath cycle disperses to Exits**.
Day 2 ^ = * see below for each	Inferior lacrimal canaliculi "to" Cavernous sinuses 6,	As above but for the Medial sesamoid of Mt Ss 1s ^	As above but for the Lacrimal bones ^^; sesamoid of MtSs1s^ & Lacrimal bones ^^,	Inf. lac. can. & Cavernous sinuses 6 & 6 Exit correspondents* & Medial	Medial sesamoid of Mt Ss 1s ^ **And intake into** Lacrimal bones ^^	Breath "to" Cavernous sinuses 6 to disperse to receiving structures of the brain	As above
Day 3 ^ = * see below	Superior nasal meatus & incisive canal "to" RLS 10,	As above but for LLS 1+2 ^	As above but for Mt DP3s^^; LLS 1+2 ^ & Mt DP3s ^^,	Sup. nas. m. & RLS 10 & 6 Exit correspondents* &	LLS 1+2 ^ **And intake into** Mt DP3s ^^	Breath "to" RLS 10 to disperse to lung part destinations	As above

Note: Maintain alignment of L5**/**pisiform, McSs2**/**incus, McSs1**/**hyoid, MtSs1**/**patella.

^/v = up/down arrows **Direction** of **Stretch** for **Muscles** on **Front** of **Page**

bulbocavernosus - from perineal area between vagina & anus to area of clitoris | tonsil & body of hyoid
genioglossus, horizontal fibers - fanning from central lower posterior mandible to back tongue, lingual **^**
extensor digitorum - from lateral epicondyle of humerus into tendons to posterior bases of Mc MP & DP2-5
palatoglossus - from oral side of soft palate to side of tongue toward back, forming the palatoglossal arch
tensor fasciae latae - from iliac crest outer lip (above sartorius) to tibia's lateral epicondyle & iliotibial tract

superficial transverse perineal - from center between vagina and anus to medial, anterior ischial tuberosity
genioglossus, oblique fibers - from mid-to-back under portion of tongue to central mid-posterior mandible
extensor carpi ulnaris - from outside (edge) base of Mc 5 to outside (edge) part of lateral epicondyle of **v**
hyoglossus - from lower side of tongue to length of hyoid's greater horn & lateral body of hyoid | humerus
sartorius- from upper anterior tibia as medial-side band laterally paralleling gracilas/semitendinosus bands **~v**

ischiocavernosus - from ischial tuberosity & ramus toward area of clitoris | **~** to anterior superior iliac spine
genioglossus, vertical fibers - from central upper posterior mandible to front underpart of tongue
extensor digiti minimi - from lateral epicondyle of humerus to join extensor digitorum tendon to Mc DP5
styloglossus - from styloid process to side/bottom of tongue
rectus femoris - from anterior inferior iliac spine & above acetabulum to tendon over patella to tibia tuberosity

^ & ^^ : ^ is Part 2's "Inroad Channel" (= Center of Gravity) & ^^ is the "Resulting Structure" (= Day's Bone +)

***Exit correspondents associated with Day 1, Day 2 & Day 3 structures are shown below**							**** Exits**
8:52a - 11:16a **|** Eye part 1 **|**	Tonsils	Kidney	LLS 4, p.1	RLS 7, p.1	RLS 10,p.1		Urethra
11:16a - 4:04p **|** Eye part 2 **|**	Iliac Artery	Gallbladder	part 2	part 2	part 2		Armpits
4:04p - 12:52a **|** Eye part 3 **|**	Gonads	Duodenum	part 3	part 3	part 3		Nipples
12:52a - 7:16a **|** Eye part 4 **|**	Cerebellum 6	Liver	part 4	part 4	part 4		Anus
7:16a - 8:04a **|** Eye part 5 **|**	Cerebrum 23	4th Ventricle	part 5	part 5	part 5		Eye
8:04a - 8:52a **|** Eye part 6 **|**	Cranial nerve XI	Nerve S2	part 6	part 6	part 6		Vagina

***** That which is formed is that which is needed to serve in altering organism structures to allow the organism to continually change to accord itself to its constantly altering universe.**

8:52 a.m. 7/2/1939 HUMAN as Bob or Pendulum from Crista Galli as Hook or Pivot for 5/14 - 5/16/2015

DAY 1 BOB HOOK COMPLEX is Ethmoid/SPHENOID+RAMUS OF MANDIBLE BONE with breath through Nasocrimal Duct (N.D.) & Superior Lacrimal Canaliculus to activate the Inferior Sagittal Sinus thereby aranging SUPERIOR FRONTAL GYRUS to align TASTE BUD SYSTEM to form Lens,
"muscles" are the lower, medial quadrant 3-member set (70-72) of 3 equatorial zonular fibers per set.

DAY 2 BOB-A is MAXILLA/Talus BONE with 2nd component of breath through Nasolacrimal Duct & Inferior Lacrimal Canaliculus to activate Cavernous Sinus 6 thus arranging HYPOGLOSSAL NERVE (C.N. XII) to continue proper gyrus function, muscles are the dilator, sphincter and orbitalis of the eye.

DAY 3 BOB HOOK COMPLEX AID (BOB-A) is Rib 12/MT DP1 with 3rd component of breath through Superior Nasal Meatus & Incisive Canal to activate RLS 10 thereby arranging SPINAL NERVE 24 (S3 of Sacral Plexis) to continue proper gyrus function, muscles are as shown.

In order for the above described Bob Hook Complex to approach optimal function, there can be no mis-alignment of its associated bone, muscle and organ structures. In the lower set of boxed columns below, preceded in the upper set by the enabling breath tracts, and aligned to the 6 spectral energy time intervals in 24 hours at left, are the 6 spectral energy associated structures as correlated with each numbered bone further below in the dated boxes. The 3 dated boxes then show the associated bone scaffold for Mt DP1 with the muscles for each bone of the scaffold changing through the 3 dates to provide on-going bone adjustment.

TIME INTERVALS corresponding to the 6 periods in 24 hours in which energy need evolved from possible available ranges of spectral energy from radio to gamma rays:	1 Breath thru nasolacrimal duct into inferior lacrimal canaliculus to activate cavernous sinus 6 & Eye Apparatus:	2 Breath through nasal meatuses to activate ethmoid cells and the	3 Breath through Eustacean tube to activate cochlea's inner hair cells and the	4 Breath through inferior nasal meatus & incisive canal to activate LLS 4:	5 Breath through middle nasal meatus & incisive canal to activate RLS 7:	6 Breath through superior nasal meatus & incisive canal to activate RLS 10:	EXIT ROUTES for unincor-porated wave lengths of spectral energy:
8:52am-11:16am >	Part 1 <lymph>	Tonsils 1, 2, 3 *	Kidney	Part 1	Part 1	Part 1	urethra
11:16am-4:04pm >	Part 2 <blood>	Iliac Artery	Gallbladder	Part 2	Part 2	Part 2	armpits
4:04pm-12:52am >	Part 3 <hormone>	Gonads	Duodenum	Part 3	Part 3	Part 3	nipples
12:52am-7:16am >	Part 4 <DNA>	Cerebellum 6	Liver	Part 4	Part 4	Part 4	anus
7:16am-8:04am >	Part 5 <RNA>	Cerebrum 24	4th Ventricle	Part 5	Part 5	Part 5	eye
8:04am-8:52am >	Part 6 <protein>	Cranial Nerve XII	Nerve S3	Part 6	Part 6	Part 6	vagina

5/14/2015 DAY 1 BOB HOOK COMPLEX above is altered in connection with Bob Center, Mc Ss 2 (by way of balanced, full Mc Ss 1), through aegis of the Superior Frontal Gyrus.

Associated bones/muscles are (1) Maxilla Bone - eye's dilator muscle
(2) Talus - urethrovaginalis/urethrae sphincter

(3) Mt Ss 1
intrinsic tongue, superior longitudinal fibers

(4) Mc DP1
flexor digitorum profundus

(5) Rib 12
scalene, anterior

(6) Mt DP1
adductor brevis

5/15/2015 Day 2 Bob-A below is altered in connection with Bob Center, L5 (by way of balanced, full Mt Ss 1), bringing forth the Lateral Sesamoid of Mt Ss 1, isolating its Medial Ss and the Lacrimal Bone.

DAY 2 BOB-A > (1) MAXILLA BONE - eye's sphincter muscle
Associated bones/muscles are (2) Talus - deep transverse perineal

(3) Mt Ss 1
intrinsic tongue, vertical & transverse fibers

(4) Mc DP1
flexor pollicis longus

(5) Rib 12
scalene, middle

(6) Mt DP1
pectineus

* **Day 1 Tonsil is Lingual**
Day 2 Tonsil is Pharyngeal
Day 3 Tonsil is Palatine

5/16/2015 Day 3 Bob Hook Complex Aid (Bob-A) below is altered in connection with Bob Center, RLS 1.

(1) Maxilla Bone - eye's orbitalis muscle
(2) Talus - compressor urethrae

(3) Mt Ss 1
intrinsic tongue, inferior longitudinal fibers

(4) Mc DP1
flexor digitorum superficialis

(5) Rib 12
scalene, posterior

(6) MT DP1 > DAY 3 BOB-A
adductor longus

PROCESS FOR ALTERING STRUCTURES
with the following occurances proposed as associated with progress toward optimal functioning

Read boxes from left to right	**Inhalation along given tracts "to" given structures,**	**Likely causes (1) eye tracts to receive spectral energy (with surrogate aid from 6 Exit correspondents*) & intake into**	**And (2) pressure (for alteration) on**	**Exhalation with no collapse of breath tract & structures,**	**Causes (1) pressure (for alteration) on**	**And (2)**	**And (3)**
Day 1 ^ = * see page bottom for each	Superior lacrimal canaliculi "to" Inferior sagittal sinuses**,**	Mc Ss 2s ^	Rami of mandible^^ as well as Superior frontal gyri ^^ & Superior frontal gyri ^^**,**	Sup. lac. can. & Inferior sagital sinuses & 6 Exit correspondents* & Mc Ss 2s ^ & Rami of mandible ^^	Mc Ss 2s ^ **And intake into** Rami of mandible ^^ as well as Superior frontal gyri ^^	Breath "to" Inferior sagittal sinuses to disperse to receiving structures of the brain to serve during inhalation	Exhalation pressure brought to bear on 6 Exit correspondents* to precipitate that which*** will serve possible surrogate, specifically needed spectral energy roles during inhalation**;** unused "spectral energy" pressure of the breath cycle disperses to Exits**.
Day 2 ^ = * see below for each	Inferior lacrimal canaliculi "to" Cavernous sinuses 6**,**	As above but for L5 ^ + Lateral sesamoid of Mt Ss 1s	As above but for the Maxilla bone ^^**;** & Maxilla bone ^^**,**	Inf. lac. can. & Cavernous sinuses 6 & 6 Exit correspondents* & L5 ^ + Lateral Ss of Mt Ss 1s	L5 ^ + Lateral sesamoid of Mt Ss 1s **And intake into** Maxilla bone ^^	Breath "to" Cavernous sinuses 6 to disperse to receiving structures of the brain	As above
Day 3 ^ = * see below	Superior nasal meatus & incisive canal "to" RLS 10**,**	As above but for RLS 1 ^	As above but for Mt DP1s^^**;** RLS 1 ^ & Mt DP1s ^^**,**	Sup. nas. m. & RLS 10 & 6 Exit correspondents* &	RLS 1 ^ **And intake into** Mt DP1s ^^	Breath "to" RLS 10 to disperse to lung part destinations	As above

Note: Maintain alignment of L5**/**pisiform, McSs2**/**incus, McSs1**/**hyoid, MtSs1**/**patella.

^ / v = down / up arrows **Direction** of **Stretch** for **Muscles** on **Front** of **Page**

urethrovaginalis/urethrae sphincter - from pubic ramus & transverse perineal ligament back around urethra
intrinsic tongue, superior longitudinal fibers - from back top tongue area toward front top tongue area
flexor digitorum profundus - from upper medial to a bit lower lateral ulna + membrane to Mc DP2-5 bases
scalene, anterior - from C3-6 transverse processes to rib 1 medial to scalene, middle
adductor brevis - from center of anterior upper inferior pubic ramus to upper femur as long band above **^**
adductor longus

deep transverse perineal - from along side of vagina to inferior ischial ramus
intrinsic tongue, vertical/transverse fibers - from bottom to top inner tongue, probably front to back in 24 hrs.
flexor pollicis longus - from Mc DP1 front base to lower radius on up to upper lateral interosseous membrane
scalene, middle - from rib 1, just previous to passage of scalene posterior, to C7-2 transverse processes
pectineus - as short band from posterior upper close-to-medial femur to superior pubic ramus

compressor urethrae - from area of transverse perineal ligament in front of urethra toward ischial tuberosity
intrinsic tongue, inferior longitudinal fibers - from back bottom tongue area toward front bottom tongue area
flexor digitorum superficialis - from medial epicondyle of humerus & middle anterior radius to sides of **v**
scalene, posterior - from C4-6 transverse processes to most lateral aspect of rib 2
Mc MP2-5 bases
adductor longus - from ant. top medial pubic body to band along post. medial-to-center mid-to-lower femur

^ & ^^ **:** ^ is Part 2's "Inroad Channel" (= Center of Gravity) & ^^ is the "Resulting Structure" (= Day's Bone +)

***Exit correspondents associated with Day 1, Day 2 & Day 3 structures are shown below**						**** Exits**
8:52a - 11:16a **|** Eye part 1 **|**	Tonsils	Kidney	LLS 4, p.1	RLS 7, p.1	RLS 10,p.1	Urethra
11:16a - 4:04p **|** Eye part 2 **|**	Iliac Artery	Gallbladder	part 2	part 2	part 2	Armpits
4:04p - 12:52a **|** Eye part 3 **|**	Gonads	Duodenum	part 3	part 3	part 3	Nipples
12:52a - 7:16a **|** Eye part 4 **|**	Cerebellum 6	Liver	part 4	part 4	part 4	Anus
7:16a - 8:04a **|** Eye part 5 **|**	Cerebrum 24	4th Ventricle	part 5	part 5	part 5	Eye
8:04a - 8:52a **|** Eye part 6 **|**	Cranial nerve XII	Nerve S3	part 6	part 6	part 6	Vagina

***** That which is formed is that which is needed to serve in altering organism structures to allow the organism to continually change to accord itself to its constantly altering universe.**

8:52 a.m. 7/2/1939 HUMAN as Bob or Pendulum from Crista Galli as Hook or Pivot for 5/17 - 5/19/2015

DAY 1 BOB HOOK COMPLEX is ETHMOID+LAT. MT SS/Sphenoid BONE with breath through Nasolacrimal Duct (N.D.) & Superior Lacrimal Canaliculus to activate the Inferior Sagittal Sinus thereby arranging POSTCENTRAL GYRUS to align LOWER LAYER, SECONDARY OLFACTORY SYSTEM to form Lens, "muscles" are the lower, medial quadrant 3-member set (61-63) of 3 equatorial zonular fibers per set.

DAY 2 BOB-A is BODYof MANDIBLE/Fibula BONE with 2nd component of breath through N.D. & Inferior Lacrimal Canaliculus to activate Cavernous Sinus 6 thereby arranging ACCESSORY NERVE (C.N. XI) to continue proper gyrus function, muscles are the dilator, sphincter and orbitalis of the eye.

DAY 3 BOB HOOK COMPLEX AID (BOB-A) is L5/Mc MP3 with 3rd component of breath through Eustacean Tube to activate Cochlea's Inner Hair Cells thereby arranging SPINAL NERVE 21 (L5 Spinal Nerve) to continue proper gyrus function, muscles are as shown.

In order for the above described Bob Hook Complex to approach optimal function, there can be no mis-alignment of its associated bone, muscle and organ structures. In the lower set of boxed columns below, preceded in the upper set by the enabling breath tracts, and aligned to the 6 spectral energy time intervals in 24 hours at left, are the 6 spectral energy associated structures as correlated with each numbered bone further below in the dated boxes. The 3 dated boxes then show the associated bone scaffold for L5 with the muscles for each bone of the scaffold changing through the 3 dates to provide on-going bone adjustment.

TIME INTERVALS corresponding to the 6 periods in 24 hours in which energy need evolved from possible available ranges of spectral energy from radio to gamma rays:	1 Breath thru nasolacrimal duct into inferior lacrimal canaliculus to activate cavernous sinus 6 & Eye Apparatus:	2 Breath through nasal meatuses to activate ethmoid cells and the	3 Breath through Eustacean tube to activate cochlea's inner hair cells and the	4 Breath through inferior nasal meatus & incisive canal to activate LLS 4:	5 Breath through middle nasal meatus & incisive canal to activate RLS 7:	6 Breath through superior nasal meatus & incisive canal to activate RLS 10:	EXIT ROUTES for unincor-porated wave lengths of spectral energy:
8:52am-11:16am >	Part 1 <lymph>	Tonsils 1, 2, 3 *	Kidney	Part 1	Part 1	Part 1	urethra
11:16am-4:04pm >	Part 2 <blood>	Iliac Artery	Gallbladder	Part 2	Part 2	Part 2	armpits
4:04pm-12:52am >	Part 3 <hormone>	Gonads	Duodenum	Part 3	Part 3	Part 3	nipples
12:52am-7:16am >	Part 4 <DNA>	Cerebellum 6	Liver	Part 4	Part 4	Part 4	anus
7:16am-8:04am >	Part 5 <RNA>	Cerebrum 21	4th Ventricle	Part 5	Part 5	Part 5	eye
8:04am-8:52am >	Part 6 <protein>	Cranial Nerve XI	Nerve L5	Part 6	Part 6	Part 6	vagina

5/17/2015 DAY 1 BOB HOOK COMPLEX above is altered in connection with Bob Center, Upper Central Incisor (by way of balanced, full Mt Ss 1), through aegis of the Postcentral Gyrus.

Associated bones/muscles are (1) Body of Mandible - eye's dilator muscle

(2) Fibula - sternocleidomastoid, sternal head

(3) L5
sternothyroid

(4) Mc MP3
biceps brachii, short head

(5) T11
omohyoid, superior belly

(6) Mt MP3
tibialis anterior

5/18/2015 Day 2 Bob Hook Complex Aid (Bob-A) below is altered in connection with Bob Center, the Medial Sesamoid of Mc Ss 1 (by way of balanced, full Mc Ss 1).

DAY 2 BOB-A > (1) BODY OF MANDIBLE - eye's sphincter muscle

Associated bones/muscles are (2) Fibula - pyramidalis

(3) L5
sternohyoid

(4) Mc MP3
anconeus

(5) T11
subclavius

(6) Mt MP3
flexor hallucis brevis, both heads

*** Day 1 Tonsil is Lingual**
Day 2 Tonsil is Pharyngeal
Day 3 Tonsil is Palatine

5/19/2015 Day 3 Bob Hook Complex Aid below is altered in connection with Bob Center, L5 (as possibly associated with Lateral Sesamoid of Mc Ss 1.)

(1) Body of Mandible - eye's orbitalis muscle

(2) Fibula - sternocleidomastoid, clavicular head

(3) L5 > DAY 3 BOB-A
thyrohyoid

(4) Mc MP3
biceps brachii, long head

(5) T11
omohyoid, inferior belly

(6) Mt MP3
tibialis posterior

PROCESS FOR ALTERING STRUCTURES
with the following occurances proposed as associated with progress toward optimal functioning

Read boxes from left to right	**Inhalation along given tracts "to" given structures,**	**Likely causes (1) eye tracts to receive spectral energy (with surrogate aid from 6 Exit correspondents*) & intake into**	**And (2) pressure (for alteration) on**	**Exhalation with no collapse of breath tract & structures,**	**Causes (1) pressure (for alteration) on**	**And (2)**	**And (3)**
Day 1 ^ = * see page bottom for each	Superior lacrimal canaliculi "to" Inferior sagittal sinuses,	Upper central incisors ^	Lateral sesamoid of Mt Ss 1s ^^ as well as Postcentral gyri ^^;	Sup. lac. can. & Inf. sag. si. & 6 Exit correspondents* & Upper central incisors ^ & Lateral sesamoid of Mt Ss 1s ^^ & Postcentral gyri ^^,	Upper central incisors^ **And intake into** Lateral sesamoid of Mt Ss 1s ^^ as well as Postcentral gyri ^^	Breath "to" Inferior sagittal sinuses to disperse to receiving structures of the brain to serve during inhalation	Exhalation pressure brought to bear on 6 Exit correspondents* to precipitate that which*** will serve possible surrogate, specifically needed spectral energy roles during inhalation; unused "spectral energy" pressure of the breath cycle disperses to Exits**.
Day 2 ^ = * see below for each	Inferior lacrimal canaliculi "to" Cavernous sinuses 6,	As above but for the Medial sesamoid of Mc Ss 1s ^	As above but for the Body of mandible^^;	Inf. lac. can. & Cavernous sinuses 6 & 6 Exit correspondents* & Medial sesamoid of Mc Ss 1s ^ & Body of mandible ^^,	Medial sesamoid of Mc Ss 1s ^ **And intake into** Body of mandible ^^	Breath "to" Cavernous sinuses 6 to disperse to receiving structures of the brain	As above
Day 3 ^ = * see below	Eustacean tubes "to" Cochleas' inner hair cells,	As above but for L5 ^ Lateral Ss of Mc Ss 1s ^^; & 6 Exit correspondents* & L5 ^ & L5^^ or/and Lateral Ss of Mc Ss 1s ^^,	As above for L5^^ or/and	Eustacean t.s & Cochleas' inner hair cells	L5 ^ **& intake into** L5^^ or/and Lateral Ss of Mc Ss 1s ^^	Breath "to" Cochleas' inner hair cells to disperse to receiving destinations	As above

Note: Maintain alignment of L5**/**pisiform, McSs2**/**incus, McSs1**/**hyoid, MtSs1**/**patella.

v = down arrow **Direction** of **Stretch** for **Muscles** on **Front** of **Page** ~ (from below) medial Cuneiform Medial & Mt 1 base

sternocleidomastoid, sternal head - from upper anterior manubrium to mastoid process & superior nuchal line
sternothyroid - from upper posterior manubrium up to thyroid cartilage's oblique line along its lamina
biceps brachii, short head - from front border of scapula's coracoid process to radial tuberosoity (see below)
omohyoid, superior belly - from medial greater horn of hyoid bone down to intermediate tendon (see below)
tibialis anterior - from upper 1/2 anterior lateral tibia & adjoining interosseous membrane to posterior (~above)

pyramidalis - from anterior pubis slightly obliquely inward and up to a small lowest section of linea alba
sternohyoid - from body of hyoid bone down to posterior manubrium and adjacent end of clavicle
anconeus - from ulna's upper posterior lateral side & lateral olecranon to posterior lateral epicondyle of **v** humerus
subclavius - from bottom of middle of clavicle in to junction of 1st rib with its cartilage
flexor hallucis brevis, both heads - from Mt PP1 plantar base sides (& MtSs1s) to tibialis posterior tendon,etc.

sternocleidomastoid, clavicular head - from medial, upper clavicle to mastoid process & superior nuchal line
thyrohyoid - from thyroid cartilage's oblique line along its lamina up to bottom of hyoid bone's greater horn
biceps brachii, long head - from scapula's supraglenoid tubercle to radial tuberosity near top inside of radius
omohyoid, inferior belly - from scapula's top lateral border to intermediate tendon front of internal jugular vein
tibialis posterior - from upper 1/2 posterior tibia & fibula to posterior navicular, 3 cuneiforms & Mt 2-4 bases

^ & ^^ **:** ^ is Part 2's "Inroad Channel" (= Center of Gravity) & ^^ is the "Resulting Structure" (= Day's "Bone")

***Exit correspondents associated with Day 1, Day 2 & Day 3 structures are shown below**							**** Exits**
8:52a - 11:16a **|** Eye part 1 **|**	Tonsils	Kidney	LLS 4, p.1	RLS 7, p.1	RLS 10,p.1		Urethra
11:16a - 4:04p **|** Eye part 2 **|**	Iliac Artery	Gallbladder	part 2	part 2	part 2		Armpits
4:04p - 12:52a **|** Eye part 3 **|**	Gonads	Duodenum	part 3	part 3	part 3		Nipples
12:52a - 7:16a **|** Eye part 4 **|**	Cerebellum 6	Liver	part 4	part 4	part 4		Anus
7:16a - 8:04a **|** Eye part 5 **|**	Cerebrum 21	4th Ventricle	part 5	part 5	part 5		Eye
8:04a - 8:52a **|** Eye part 6 **|**	Cranial nerve XI	Nerve L5	part 6	part 6	part 6		Vagina

***** That which is formed is that which is needed to serve in altering organism structures to allow the organism to continually change to accord itself to its constantly altering universe.**

8:52 a.m. 7/2/1939 HUMAN as Bob or Pendulum from Crista Galli as Hook or Pivot for 5/20 - 5/22/2015

DAY 1 BOB HOOK COMPLEX is Ethmoid/SPHENOID+MED.MT SS BONE with breath through Nasolacrimal Duct (N.D.) & Superior Lacrimal Canaliculus to activate the Inferior Sagittal Sinus thereby arranging PRECENTRAL GYRUS to align LOWER LAYER, SECONDARY OLFACTORY SYSTEM to form Lens, "muscles" are the lower, medial quadrant 3-member set (64-66) of 3 equatorial zonular fibers per set.

DAY 2 BOB-A is RAMUS of MANDIBLE/Patella BONE with 2nd component of breath through N.D. & Inferior Lacrimal Canaliculus to activate Cavernous Sinus 6 thereby arranging HYPOGLOSSAL NERVE (C.N. XII) to continue proper gyrus function, muscles are the dilator, sphincter and orbitalis of the eye.

DAY 3 BOB HOOK COMPLEX AID (BOB-A) is MC SS 2/Mc PP1 with 3rd component of breath through Eustacean Tube to activate Cochlea's Inner Hair Cells thereby arranging SPINAL NERVE 22 (S1 of Sacral Plexis) to continue proper gyrus function, muscles are as shown.

In order for the above described Bob Hook Complex to approach optimal function, there can be no mis-alignment of its associated bone, muscle and organ structures. In the lower set of boxed columns below, preceded in the upper set by the enabling breath tracts, and aligned to the 6 spectral energy time intervals in 24 hours at left, are the 6 spectral energy associated structures as correlated with each numbered bone further below in the dated boxes. The 3 dated boxes then show the associated bone scaffold for Mc Ss 2 with the muscles for each bone of the scaffold changing through the 3 dates to provide on-going bone adjustment.

TIME INTERVALS corresponding to the 6 periods in 24 hours in which energy need evolved from possible available ranges of spectral energy from radio to gamma rays:	1 Breath thru nasolacrimal duct into inferior lacrimal canaliculus to activate cavernous sinus 6 & Eye Apparatus:	2 Breath through nasal meatuses to activate ethmoid cells and the	3 Breath through Eustacean tube to activate cochlea's inner hair cells and the	4 Breath through inferior nasal meatus & incisive canal to activate LLS 4:	5 Breath through middle nasal meatus & incisive canal to activate RLS 7:	6 Breath through superior nasal meatus & incisive canal to activate RLS 10:	EXIT ROUTES for unincorporated wave lengths of spectral energy:
8:52am-11:16am >	Part 1 <lymph>	Tonsils 1, 2, 3 *	Kidney	Part 1	Part 1	Part 1	urethra
11:16am-4:04pm >	Part 2 <blood>	Iliac Artery	Gallbladder	Part 2	Part 2	Part 2	armpits
4:04pm-12:52am >	Part 3 <hormone>	Gonads	Duodenum	Part 3	Part 3	Part 3	nipples
12:52am-7:16am >	Part 4 <DNA>	Cerebellum 6	Liver	Part 4	Part 4	Part 4	anus
7:16am-8:04am >	Part 5 <RNA>	Cerebrum 22	4th Ventricle	Part 5	Part 5	Part 5	eye
8:04am-8:52am >	Part 6 <protein>	Cranial Nerve XII	Nerve S1	Part 6	Part 6	Part 6	vagina

5/20/2015 DAY 1 BOB HOOK COMPLEX above is altered in connection with Bob Center, Lower Central Incisor (by way of balanced, full Mt Ss 1), through aegis of the Precentral Gyrus.

Associated bones/muscles are (1) Ramus of Mandible - eye's dilator muscle
(2) Patella - internal intercostal

(3) Mc Ss 2
diaphragm, anterior costal part

(4) Mc PP1
supinator

(5) Rib 11
geniohyoid

(6) Mt PP1
fibularis brevis

5/21/2015 Day 2 Bob-A below is altered in connection with Bob Center, Mc Ss 2 (by way of balanced, full Mc Ss 1), bringing forth the lateral Ss of Mc Ss 1, isolating its medial Ss & the ramus of mandible.

DAY 2 BOB-A > (1) RAMUS OF MANDIBLE - eye's sphincter muscle
Associated bones/muscles are (2) Patella - innermost intercostal

(3) Mc Ss 2
diaphragm, sternal part

(4) Mc PP1
pronator quadratus

(5) Rib 11
mylohyoid

(6) Mt PP1
flexor hallucis longus

*** Day 1 Tonsil is Lingual**
Day 2 Tonsil is Pharyngeal
Day 3 Tonsil is Palatine

5/22/2015 Day 3 Bob Hook Complex Aid below is altered in connection with Bob Center, Mc Ss 2 (as possibly associated with Lateral Sesamoid of Mc Ss 1.)

(1) Ramus of Mandible - eye's orbitalis muscle
(2) Patella - external intercostal

(3) MC SS 2 > DAY 3 BOB-A
diaphragm, posterior lumbar & crus part

(4) Mc PP1
pronator teres

(5) Rib 11
stylohyoid

(6) Mt PP1
fibularis longus

PROCESS FOR ALTERING STRUCTURES

with the following occurances proposed as associated with progress toward optimal functioning

Read boxes from left to right	**Inhalation along given tracts "to" given structures,**	**Likely causes (1) eye tracts to receive spectral energy (with surrogate aid from 6 Exit correspondents*) & intake into**	**And (2) pressure (for alteration) on**	**Exhalation with no collapse of breath tract & structures,**	**Causes (1) pressure (for alteration) on**	**And (2)**	**And (3)**
Day 1 ^ = * see page bottom for each	Superior lacrimal canaliculi "to" Inferior sagittal sinuses,	Lower central incisors ^	Medial sesamoid of Mt Ss 1s ^^ as well as Precentral gyri ^^; & Medial sesamoid of Mt Ss 1s ^^ & Precentral gyri ^^,	Sup. lac. can. & Inf. sag. si. & 6 Exit correspondents* & Lower central incisors ^	Lower central incisors^ **And intake into** Medial sesamoid of Mt Ss 1s ^^ as well as Precentral gyri ^^	Breath "to" Inferior sagittal sinuses to disperse to receiving structures of the brain to serve during inhalation	Exhalation pressure brought to bear on 6 Exit correspondents* to precipitate that which*** will serve possible surrogate, specifically needed spectral energy roles during inhalation; unused "spectral energy" pressure of the breath cycle disperses to Exits**.
Day 2 ^ = * see below for each	Inferior lacrimal canaliculi "to" Cavernous sinuses 6,	As above but for Mc Ss 2s ^ + Lateral sesamoid of Mc Ss 1s	As above but for the Rami of mandible^^; & Mc Ss 2s ^ + Lateral sesamoid of Mc Ss 1s & Rami of mandible ^^,	Inf. lac. can. & Cavernous sinuses 6 & 6 Exit correspondents* &	Mc Ss 2s ^ + Lateral sesamoid of Mc Ss 1s **And intake into** Rami of mandible ^^	Breath "to" Cavernous sinuses 6 to disperse to receiving structures of the brain	As above
Day 3 ^ = * see below	Eustacean tubes "to" Cochleas' inner hair cells,	As above for Mc Ss 2s ^ sesamoid of Mc Ss 1s ^^; 6 Exit correspondents* & Mc Ss 2s ^ & Lateral sesamoid of Mc Ss 1s ^^,	As above for Lateral	Eustacean t.s & Cochleas' inner hair cells &	McSs2s ^ **& intake into** Lateral sesamoid of Mc Ss 1s ^^	Breath "to" Cochleas' inner hair cells to disperse to receiving destinations	As above

Note: Maintain alignment of L5**/**pisiform, McSs2**/**incus, McSs1**/**hyoid, MtSs1**/**patella.

^ / v = up / down arrows **Direction** of **Stretch** for **Muscles** on **Front** of **Page**

internal intercostal - from rib above, rearward to rib below, fiber progression in 24 hrs. from sternum area around to rib angles **^**

diaphragm, anterior costal part - from inside surface of ribs 12-6 front portion & costal cartilages into central **v**

supinator - from top lateral ulna around radius back to its top front & humerus lateral epicondyle tendon

geniohyoid - from mental spines of posterior central inferior mandible to along median raphe back to **v**

fibularis brevis - from lateral lower portion of fibula to lateral Mt 5 base anterior body of hyoid

innermost intercostal - from rib below, frontward to rib above, in 24 h. from rib angles to costal cartilage area

diaphragm, sternal part - from most anterior central tendon down to posterior xiphoid process

pronator quadratus - wide band from bottom portion of anterior lateral radius up to same of medial ulna

mylohyoid - from along body of hyoid top, then median raphe to mylohyoid line of posterior body of mandible

flexor hallucis longus - from Mt DP1 plantar base medially around heel to central portion of posterior fibula

external intercostal - from rib above, frontward to rib below, in 24 hrs. from costal cartilages to near spine

diaphragm, lumbar & crus part - from arcuate ligaments/upper lumbar vertebrae fronts into posterior central **v**

pronator teres - from anterior humerus medial epicondyle and ulna top to lateral mid-radius tendon

stylohyoid - from styloid process to body of hyoid near its greater horn cuneiform medial

fibularis longus - from head & upper lateral 1/2 of fibula to lateral posterior Mt 1 base and adjoining **^**

^ & ^^ : ^ is Part 2's "Inroad Channel" (= Center of Gravity) & ^^ is the "Resulting Structure" (= Day's Bone +)

***Exit correspondents associated with Day 1, Day 2 & Day 3 structures are shown below**						**** Exits**
8:52a - 11:16a **|** Eye part 1 **|**	Tonsils	Kidney	LLS 4, p.1	RLS 7, p.1	RLS 10,p.1	Urethra
11:16a - 4:04p **|** Eye part 2 **|**	Iliac Artery	Gallbladder	part 2	part 2	part 2	Armpits
4:04p - 12:52a **|** Eye part 3 **|**	Gonads	Duodenum	part 3	part 3	part 3	Nipples
12:52a - 7:16a **|** Eye part 4 **|**	Cerebellum 6	Liver	part 4	part 4	part 4	Anus
7:16a - 8:04a **|** Eye part 5 **|**	Cerebrum 22	4th Ventricle	part 5	part 5	part 5	Eye
8:04a - 8:52a **|** Eye part 6 **|**	Cranial nerve XII	Nerve S1	part 6	part 6	part 6	Vagina

***** That which is formed is that which is needed to serve in altering organism structures to allow the organism to continually change to accord itself to its constantly altering universe.**

8:52 a.m. 7/2/1939 HUMAN as Bob or Pendulum from Crista Galli as Hook or Pivot for 5/23 - 5/25/2015

DAY 1 BOB HOOK COMPLEX is ETHMOID+BODYof MANDIBLE/Sphenoid BONE with breath through Nasocrimal Duct (N.D.) & Superior Lacrimal Canaliculus to activate the Inferior Sagittal Sinus thereby arranging MIDDLE FRONTAL GYRUS to align TASTE BUD SYSTEM to form Lens,
"muscles" are the lower, medial quadrant 3-member set (67-69) of 3 equatorial zonular fibers per set.

DAY 2 BOB-A is BODYof MANDIBLE/Calcaneus BONE with 2nd component of breath through N.D. & Inferior Lacrimal Canaliculus to activate Cavernous Sinus 6 thereby arranging ACCESSORY NERVE (C.N. XI) to continue proper gyrus function, muscles are the dilator, sphincter and orbitalis of the eye.

DAY 3 BOB HOOK COMPLEX AID (BOB-A) is MC SS 1/Mc DP3 with 3rd component of breath through Eustacean Tube to activate Cochlea's Inner Hair Cells thereby arranging SPINAL NERVE 23 (S2 of Sacral Plexis) to continue proper gyrus function, muscles are as shown.

In order for the above described Bob Hook Complex to approach optimal function, there can be no mis-alignment of its associated bone, muscle and organ structures. In the lower set of boxed columns below, preceded in the upper set by the enabling breath tracts, and aligned to the 6 spectral energy time intervals in 24 hours at left, are the 6 spectral energy associated structures as correlated with each numbered bone further below in the dated boxes. The 3 dated boxes then show the associated bone scaffold for Mc Ss 1 with the muscles for each bone of the scaffold changing through the 3 dates to provide on-going bone adjustment.

TIME INTERVALS corresponding to the 6 periods in 24 hours in which energy need evolved from possible available ranges of spectral energy from radio to gamma rays:	1 Breath thru nasolacrimal duct into inferior lacrimal canaliculus to activate cavernous sinus 6 & Eye Apparatus:	2 Breath through nasal meatuses to activate ethmoid cells and the	3 Breath through Eustacean tube to activate cochlea's inner hair cells and the	4 Breath through inferior nasal meatus & incisive canal to activate LLS 4:	5 Breath through middle nasal meatus & incisive canal to activate RLS 7:	6 Breath through superior nasal meatus & incisive canal to activate RLS 10:	EXIT ROUTES for unincor-porated wave lengths of spectral energy:
8:52am-11:16am >	Part 1 <lymph>	Tonsils 1, 2, 3 *	Kidney	Part 1	Part 1	Part 1	urethra
11:16am-4:04pm >	Part 2 <blood>	Iliac Artery	Gallbladder	Part 2	Part 2	Part 2	armpits
4:04pm-12:52am >	Part 3 <hormone>	Gonads	Duodenum	Part 3	Part 3	Part 3	nipples
12:52am-7:16am >	Part 4 <DNA>	Cerebellum 6	Liver	Part 4	Part 4	Part 4	anus
7:16am-8:04am >	Part 5 <RNA>	Cerebrum 23	4th Ventricle	Part 5	Part 5	Part 5	eye
8:04am-8:52am >	Part 6 <protein>	Cranial Nerve XI	Nerve S2	Part 6	Part 6	Part 6	vagina

5/23/2015 DAY 1 BOB HOOK COMPLEX above is altered in connection with Bob Center, Medial Sesamoid of Mc Ss 1 (by way of balanced, full McSs1), through aegis of Middle Frontal Gyrus.

Associated bones/muscles are (1) Body of Mandible - eye's dilator muscle
(2) Calcaneus - bulbocavernosus
(3) Mc Ss 1
genioglossus, horizontal fibers
(4) Mc DP3
extensor digitorum
(5) T12
palatoglossus
(6) Mt DP3
tensor fasciae latae

*** Day 1 Tonsil is Lingual**
Day 2 Tonsil is Pharyngeal
Day 3 Tonsil is Palatine

5/24/2015 Day 2 Bob Hook Complex Aid (Bob-A) below is altered in connection with Bob Center, the Medial Sesamoid of Mc Ss 1 (by way of balanced, full Mc Ss 1).

DAY 2 BOB-A > (1) BODY OF MANDIBLE - eye's sphincter muscle
Associated bones/muscles are (2) Calcaneus - superficial transverse perineal
(3) Mc Ss 1
genioglossus, oblique fibers
(4) Mc DP3
extensor carpi ulnaris
(5) T12
hyoglossus
(6) Mt DP3
sartorius

5/25/2015 Day 3 Bob Hook Complex Aid below is altered in connection with Bob Center, Mc Ss 1 (as possibly associated with Lateral Sesamoid of Mc Ss 1.)

(1) Body of Mandible - eye's orbitalis muscle
(2) Calcaneus - ischiocavernosus
(3) MC SS 1 > DAY 3 BOB-A
genioglossus, vertical fibers
(4) Mc DP3
extensor digiti minimi
(5) T12
styloglossus
(6) Mt DP3
rectus femoris

PROCESS FOR ALTERING STRUCTURES
with the following occurances proposed as associated with progress toward optimal functioning

Read boxes from left to right	**Inhalation along given tracts "to" given structures,**	**Likely causes (1) eye tracts to receive spectral energy (with surrogate aid from 6 Exit correspondents*) & intake into**	**And (2) pressure (for alteration) on**	**Exhalation with no collapse of breath tract & structures,**	**Causes (1) pressure (for alteration) on**	**And (2)**	**And (3)**
Day 1 ^ = * see page bottom for each	Superior lacrimal canaliculi "to" Inferior sagittal sinuses,	Medial sesamoid of Mc Ss 1s ^	Body of mandible^^ as well as Middle frontal gyri ^^; Body of mandible ^^ & Middle frontal gyri ^^,	Sup. lac. can. & Inf. sag. si. & 6 Exit correspondents* & Medial sesamoid of Mc Ss 1s ^ &	Medial sesamoid of Mc Ss 1s ^ **And intake into** Body of mandible ^^ as well as Middle frontal gyri ^^	Breath "to" Inferior sagittal sinuses to disperse to receiving structures of the brain to serve during inhalation	Exhalation pressure brought to bear on 6 Exit correspondents* to precipitate that which*** will serve possible surrogate, specifically needed spectral energy roles during inhalation; unused "spectral energy" pressure of the breath cycle disperses to Exits**.
Day 2 ^ = * see below for each	Inferior lacrimal canaliculi "to" Cavernous sinuses 6,	As above but for the Medial sesamoid of Mc Ss 1s ^	As above but for the Body of mandible^^; sesamoid of Mc Ss 1s ^ & Body of mandible ^^,	Inf. lac. can. & Cavernous sinuses 6 & 6 Exit correspondents* & Medial	Medial sesamoid of Mc Ss 1s ^ **And intake into** Body of mandible ^^	Breath "to" Cavernous sinuses 6 to disperse to receiving structures of the brain	As above
Day 3 ^ = * see below	Eustacean tubes "to" Cochleas' inner hair cells,	As above for Mc Ss 1s ^ sesamoid of Mc Ss 1s ^^; 6 Exit correspondents* & Mc Ss 1s ^ & Lateral sesamoid of Mc Ss 1s ^^,	As above for Lateral	Eustacean t.s & Cochleas' inner hair cells &	McSs1s ^ **& intake into** Lateral sesamoid of Mc Ss 1s ^^	Breath "to" Cochleas' inner hair cells to disperse to receiving destinations	As above

Note: Maintain alignment of L5**/**pisiform, McSs2**/**incus, McSs1**/**hyoid, MtSs1**/**patella.

^/v = up/down arrows **Direction** of **Stretch** for **Muscles** on **Front** of **Page**

bulbocavernosus - from perineal area between vagina & anus to area of clitoris | tonsil & body of hyoid
genioglossus, horizontal fibers - fanning from central lower posterior mandible to back tongue, lingual **^**
extensor digitorum - from lateral epicondyle of humerus into tendons to posterior bases of Mc MP & DP2-5
palatoglossus - from oral side of soft palate to side of tongue toward back, forming the palatoglossal arch
tensor fasciae latae - from iliac crest outer lip (above sartorius) to tibia's lateral epicondyle & iliotibial tract

superficial transverse perineal - from center between vagina and anus to medial, anterior ischial tuberosity
genioglossus, oblique fibers - from mid-to-back under portion of tongue to central mid-posterior mandible
extensor carpi ulnaris - from outside (edge) base of Mc 5 to outside (edge) part of lateral epicondyle of **v**
hyoglossus - from lower side of tongue to length of hyoid's greater horn & lateral body of hyoid | humerus
sartorius- from upper anterior tibia as medial-side band laterally paralleling gracilas/semitendinosus bands **~v**

ischiocavernosus - from ischial tuberosity & ramus toward area of clitoris | **~** to anterior superior iliac spine
genioglossus, vertical fibers - from central upper posterior mandible to front underpart of tongue
extensor digiti minimi - from lateral epicondyle of humerus to join extensor digitorum tendon to Mc DP5
styloglossus - from styloid process to side/bottom of tongue
rectus femoris - from anterior inferior iliac spine & above acetabulum to tendon over patella to tibia tuberosity

^ & ^^ **:** ^ is Part 2's "Inroad Channel" (= Center of Gravity) & ^^ is the "Resulting Structure" (= Day's Bone +)

Exit correspondents associated with Day 1, Day 2 & Day 3 structures are shown below** | * Exits**

8:52a - 11:16a **|** Eye part 1 **|**	Tonsils	Kidney	LLS 4, p.1	RLS 7, p.1	RLS 10,p.1	Urethra
11:16a - 4:04p **|** Eye part 2 **|**	Iliac Artery	Gallbladder	part 2	part 2	part 2	Armpits
4:04p - 12:52a **|** Eye part 3 **|**	Gonads	Duodenum	part 3	part 3	part 3	Nipples
12:52a - 7:16a **|** Eye part 4 **|**	Cerebellum 6	Liver	part 4	part 4	part 4	Anus
7:16a - 8:04a **|** Eye part 5 **|**	Cerebrum 23	4th Ventricle	part 5	part 5	part 5	Eye
8:04a - 8:52a **|** Eye part 6 **|**	Cranial nerve XI	Nerve S2	part 6	part 6	part 6	Vagina

***** That which is formed is that which is needed to serve in altering organism structures to allow the organism to continually change to accord itself to its constantly altering universe.**

8:52 a.m. 7/2/1939 HUMAN as Bob or Pendulum from Crista Galli as Hook or Pivot for 5/26 - 5/28/2015

DAY 1 BOB HOOK COMPLEX is Ethmoid/SPHENOID BONE+RAMUS of MANDIBLE with breath through Nasocrimal Duct (N.D.) & Superior Lacrimal Canaliculus to activate the Inferior Sagittal Sinus thereby arranging SUPERIOR FRONTAL GYRUS to align TASTE BUD SYSTEM to form Lens,
"muscles" are the lower, medial quadrant 3-member set (70-72) of 3 equatorial zonular fibers per set.

DAY 2 BOB-A is RAMUS of MANDIBLE/Talus BONE with 2nd component of breath through N.D. & Inferior Lacrimal Canaliculus to activate Cavernous Sinus 6 thereby arranging HYPOGLOSSAL NERVE (C.N. XII) to continue proper gyrus function, muscles are the dilator, sphincter and orbitalis of the eye.

DAY 3 BOB HOOK COMPLEX AID (BOB-A) is MT SS 1/Mc DP1 with 3rd component of breath through Eustacean Tube to activate Cochlea's Inner Hair Cells thereby arranging SPINAL NERVE 24 (S3 of Sacral Plexis) to continue proper gyrus function, muscles are as shown.

In order for the above described Bob Hook Complex to approach optimal function, there can be no mis-alignment of its associated bone, muscle and organ structures. In the lower set of boxed columns below, preceded in the upper set by the enabling breath tracts, and aligned to the 6 spectral energy time intervals in 24 hours at left, are the 6 spectral energy associated structures as correlated with each numbered bone further below in the dated boxes. The 3 dated boxes then show the associated bone scaffold for Mt Ss 1 with the muscles for each bone of the scaffold changing through the 3 dates to provide on-going bone adjustment.

TIME INTERVALS corresponding to the 6 periods in 24 hours in which energy need evolved from possible available ranges of spectral energy from radio to gamma rays:	1 Breath thru nasolacrimal duct into inferior lacrimal canaliculus to activate cavernous sinus 6 & Eye Apparatus:	2 Breath through nasal meatuses to activate ethmoid cells and the	3 Breath through Eustacean tube to activate cochlea's inner hair cells and the	4 Breath through inferior nasal meatus & incisive canal to activate LLS 4:	5 Breath through middle nasal meatus & incisive canal to activate RLS 7:	6 Breath through superior nasal meatus & incisive canal to activate RLS 10:	EXIT ROUTES for unincor-porated wave lengths of spectral energy:
8:52am-11:16am >	Part 1 <lymph>	Tonsils 1, 2, 3 *	Kidney	Part 1	Part 1	Part 1	urethra
11:16am-4:04pm >	Part 2 <blood>	Iliac Artery	Gallbladder	Part 2	Part 2	Part 2	armpits
4:04pm-12:52am >	Part 3 <hormone>	Gonads	Duodenum	Part 3	Part 3	Part 3	nipples
12:52am-7:16am >	Part 4 <DNA>	Cerebellum 6	Liver	Part 4	Part 4	Part 4	anus
7:16am-8:04am >	Part 5 <RNA>	Cerebrum 24	4th Ventricle	Part 5	Part 5	Part 5	eye
8:04am-8:52am >	Part 6 <protein>	Cranial Nerve XII	Nerve S3	Part 6	Part 6	Part 6	vagina

5/26/2015 DAY 1 BOB HOOK COMPLEX above is altered in connection with Bob Center, Mc Ss 2 (by way of balanced, full Mc Ss 1), through aegis of the Superior Frontal Gyrus.

Associated bones/muscles are (1) Ramus of Mandible - eye's dilator muscle
(2) Talus - urethrovaginalis/urethrae sphincter

(3) Mt Ss 1
intrinsic tongue, superior longitudinal fibers

(4) Mc DP1
flexor digitorum profundus

(5) Rib 12
scalene, anterior

(6) Mt DP1
adductor brevis

5/27/2015 Day 2 Bob-A below is altered in connection with Bob Center, Mc Ss 2 (by way of balanced, full Mc Ss 1), bringing forth the lateral Ss of Mc Ss 1, isolating its medial Ss & the ramus of mandible.

DAY 2 BOB-A > (1) RAMUS OF MANDIBLE - eye's sphincter muscle
Associated bones/muscles are (2) Talus - deep transverse perineal

(3) Mt Ss 1
intrinsic tongue, vertical & transverse fibers

(4) Mc DP1
flexor pollicis longus

(5) Rib 12
scalene, middle

(6) Mt DP1
pectineus

*** Day 1 Tonsil is Lingual**
Day 2 Tonsil is Pharyngeal
Day 3 Tonsil is Palatine

5/28/2015 Day 3 Bob Hook Complex Aid below is altered in connection with Bob Center, Mt Ss 1 (as possibly associated with Lateral Sesamoid of Mc Ss 1.)

(1) Ramus of Mandible - eye's orbitalis muscle
(2) Talus - compressor urethrae

(3) MT SS 1 > DAY 3 BOB-A
intrinsic tongue, inferior longitudinal fibers

(4) Mc DP1
flexor digitorum superficialis

(5) Rib 12
scalene, posterior

(6) Mt DP1
adductor longus

PROCESS FOR ALTERING STRUCTURES
with the following occurances proposed as associated with progress toward optimal functioning

Read boxes from left to right	**Inhalation along given tracts "to" given structures,**	**Likely causes (1) eye tracts to receive spectral energy (with surrogate aid from 6 Exit correspondents*) & intake into**	**And (2) pressure (for alteration) on**	**Exhalation with no collapse of breath tract & structures,**	**Causes (1) pressure (for alteration) on**	**And (2)**	**And (3)**
Day 1 ^ = * see page bottom for each	Superior lacrimal canaliculi "to" Inferior sagittal sinuses,	Mc Ss 2s ^	Rami of mandible^^ as well as Superior frontal gyri ^^ & Superior frontal gyri ^^,	Sup. lac. can. & Inferior sagital sinuses & 6 Exit correspondents* & Mc Ss 2s ^ & Rami of mandible ^^	Mc Ss 2s ^ **And intake into** Rami of mandible ^^ as well as Superior frontal gyri ^^	Breath "to" Inferior sagittal sinuses to disperse to receiving structures of the brain to serve during inhalation	Exhalation pressure brought to bear on 6 Exit correspondents* to precipitate that which*** will serve possible surrogate, specifically needed spectral energy roles during inhalation; unused "spectral energy" pressure of the breath cycle disperses to Exits**.
Day 2 ^ = * see below for each	Inferior lacrimal canaliculi "to" Cavernous sinuses 6,	As above but for Mc Ss 2s ^ + Lateral sesamoid of Mc Ss 1s	As above but for the Rami of mandible^^; Mc Ss 2s ^ + Lateral sesamoid of Mc Ss 1s & Rami of mandible ^^,	Inf. lac. can. & Cavernous sinuses 6 & 6 Exit correspondents* &	Mc Ss 2s ^ + Lateral sesamoid of Mc Ss 1s **And intake into** Rami of mandible ^^	Breath "to" Cavernous sinuses 6 to disperse to receiving structures of the brain	As above
Day 3 ^ = * see below	Eustacean tubes "to" Cochleas' inner hair cells,	As above for Mt Ss 1s ^ sesamoid of Mc Ss 1s ^^; 6 Exit correspondents* & Mt Ss 1s ^ & Lateral sesamoid of Mc Ss 1s ^^,	As above for Lateral	Eustacean t.s & Cochleas' inner hair cells &	MtSs1s ^ **& intake into** Lateral sesamoid of Mc Ss 1s ^^	Breath "to" Cochleas' inner hair cells to disperse to receiving destinations	As above

Note: Maintain alignment of L5**/**pisiform, McSs2**/**incus, McSs1**/**hyoid, MtSs1**/**patella.

^ / v = down / up arrows **Direction** of **Stretch** for **Muscles** on **Front** of **Page**

urethrovaginalis/urethrae sphincter - from pubic ramus & transverse perineal ligament back around urethra
intrinsic tongue, superior longitudinal fibers - from back top tongue area toward front top tongue area
flexor digitorum profundus - from upper medial to a bit lower lateral ulna + membrane to Mc DP2-5 bases
scalene, anterior - from C3-6 transverse processes to rib 1 medial to scalene, middle
adductor longus
adductor brevis - from center of anterior upper inferior pubic ramus to upper femur as long band above **^**

deep transverse perineal - from along side of vagina to inferior ischial ramus
intrinsic tongue, vertical/transverse fibers - from bottom to top inner tongue, probably front to back in 24 hrs.
flexor pollicis longus - from Mc DP1 front base to lower radius on up to upper lateral interosseous membrane
scalene, middle - from rib 1, just previous to passage of scalene posterior, to C7-2 transverse processes
pectineus - as short band from posterior upper close-to-medial femur to superior pubic ramus

compressor urethrae - from area of transverse perineal ligament in front of urethra toward ischial tuberosity
intrinsic tongue, inferior longitudinal fibers - from back bottom tongue area toward front bottom tongue area
flexor digitorum superficialis - from medial epicondyle of humerus & middle anterior radius to sides of **v**
scalene, posterior - from C4-6 transverse processes to most lateral aspect of rib 2
Mc MP2-5 bases
adductor longus - from ant. top medial pubic body to band along post. medial-to-center mid-to-lower femur

^ & ^^ **:** ^ is Part 2's "Inroad Channel" (= Center of Gravity) & ^^ is the "Resulting Structure" (= Day's Bone +)

***Exit correspondents associated with Day 1, Day 2 & Day 3 structures are shown below**							**** Exits**
8:52a - 11:16a **|** Eye part 1 **|**	Tonsils	Kidney	LLS 4, p.1	RLS 7, p.1	RLS 10,p.1		Urethra
11:16a - 4:04p **|** Eye part 2 **|**	Iliac Artery	Gallbladder	part 2	part 2	part 2		Armpits
4:04p - 12:52a **|** Eye part 3 **|**	Gonads	Duodenum	part 3	part 3	part 3		Nipples
12:52a - 7:16a **|** Eye part 4 **|**	Cerebellum 6	Liver	part 4	part 4	part 4		Anus
7:16a - 8:04a **|** Eye part 5 **|**	Cerebrum 24	4th Ventricle	part 5	part 5	part 5		Eye
8:04a - 8:52a **|** Eye part 6 **|**	Cranial nerve XII	Nerve S3	part 6	part 6	part 6		Vagina

***** That which is formed is that which is needed to serve in altering organism structures to allow the organism to continually change to accord itself to its constantly altering universe.**

PART 5

Day 1, Day 2, Day 3

Flexing-Body

Bob Centers

Table of

Day 1, Day 2, Day 3

Flexing-Body

Bob Centers

INTRODUCTORY TEXT,
then TABLE

Text for Table of Day 1, Day 2, Day 3 Flexing-Body Bob Centers

March 17, 2013 Note

Based on the extraordinary notions my discoveries have caused me to develop as regards the necessity of properly aligned bodies of living organisms to have constantly changing centers within themselves as bob centers, it is reasonable to theorize (and sensation in my aligned body would seem to validate the theory) that the bob center of an organism's body would be different when it is overall inputting and extending than when it is overall outputting and flexing.

Thus, the preceding Part 4 of my work is the 120 sheets showing the bob centers of the human body for 360 days of inputting/ extending. The following Part 5 of my work shows the bob centers of the human body during outputting/ flexing. These latter are the same throughout the year except that they differ Day 1 of a 3-day cycle from Day 2 and both Day 1 and Day 2 from Day 3.

The bob centers during inputting/extending (shown on the preceding 120 sheet fronts) each endure for a 24-hour period perhaps because during that period the inputting body is resisting rotation and has come to be fashioned in such a way as to be able to catch the continuum of spectral energy from longer to shorter waves as the earth rotates and comes to travel with the direction of the on-coming spectral energy. The resistance of the body to rotation during each input (inhalation, etc.) of the 24-hour period reverts back to the same general location within the body (after exhalation), presumably with the necessary mechanism in place during each input/output cycle to alter that particular location appropriately to maintain the resistance.

Then, I speculate, the resistance of inhalation is overcome by the strength of the urge to rotation and the body goes literally headlong into the mode of being-one-with-earth-rotation. There is now output as needed to accord with the body flexing toward rotation and the bob center of the body swings toward the part of it most free to flex toward the direction of rotation – and away from its "attachment" to the earth - the freer part of the body being the head. Therefore, during Day 1, the bones of the head, the s-orbital bones, serve as the bob centers for the outputting/ flexing body, each two serving alternatingly twice as they function as part of a set of four related bone scaffolds.

Because the body is "attached" to the earth it can only fully succumb to going with earth rotation during flexion for as far as its "attachment" will let it. Then, during Day 2, the flexed-body bob centers will move away from the head and cycle over and over through the main-frame bones of the body like an upright spinning top. Finally, during Day 3 when drag has set in leading toward there coming to be a new Day 1 input/extend rotation-resistant bob center, the output/flex bob centers will run the gamut sequentially of all 180 Periodic Table structures of the body as though having to try each one fixed in its place before the body can move on to having a new rotation-resistant bob center for the next 3-day cycle.

March 23, 2013 Note

Why the difference in a body's bob centers between the time in which the body is inputting/ extending and when it is outputting/ flexing?

Could the difference be that the incorporation of some part of the outside environment into a body (particularly one that is as aligned as it can be to the gravitational stream) changes the whole big outside environment of the earth and the response of the body to the changing outside environment has two components of response?

As was proposed in the previous March 17, 2013 Note, during the input/extend cycle of a body, there is resistance to the effect of earth rotation on it such that the body is freed to be responsive to the effect on it of the earth's revolution around the sun. The result of the effect on it of

earth's revolution around the sun, which is likely consummated during the output/flex cycle, has then prepared the body for its next resistance-to-rotation input/extend cycle.

Since the change in the whole big outside environment being caused by the inputting body ultimately alters the relationship of the earth to the sun, the sun pressure on the inputting body will have altered at the beginning of each input/extend cycle in a minutely small way, but in a big enough way, to cause the altered sun pressure to very slightly affect the body differently moment by moment in the body's progression around the sun as part of the earth.

I have theorized that the inputting body of a living creature is a link to the gravitational stream at some particular location on the earth. During its input/extend cycle, that which the body takes in is ultimately sun's spectral energy from the earth's progression around the sun. Then, in a properly aligned body, there is the sense that each output/flex cycle functions to process the in-taken outside environment/ spectral energy so as to alter the body to serve the gravitational flow. From this aligned body it is somewhat easy to imagine that whatever output there is during the flexion cycle has been mined of anything which could be of use to the body in its service to the gravitational flow. Thus, the subsequent output can become some level of spectral energy itself in addition to that material substance which is left over from the process of mining in-taken substance of useable spectral energy for that organism. The material output is then available to disperse to add to earth accretion or be taken up and both mined and replenished by the processing system of another type of living organism.

Thus, we see an earth of orbiting/ revolving-around-the-sun living creatures taking in their environment to be uniquely processed by each particular creature extracting what it can of spectral energy by means of its particular processing system. But the spectral energy must travel on, and if it is in the form of in-taken material substance, then it must surely undergo transformation within the creature who most probably has existence purely to serve this function of matter/energy transformation.

On Page 285 of <u>The Particle at the End of the Universe</u>, Sean Carroll writes, ". . . total angular momentum stays constant through time, and we see processes where orbiting particles interact and get turned into particles that aren't orbiting at all. In this case we can conclude that the angular momentum must have gone into the spin of the particle."

Putting together the concept of the just quoted text with the concept of this Note regarding two components of response to the changed outside environment of a creature who is changing that environment by taking some portion of it into itself, I hypothesize an earth of living creatures spinning on its axis as the inevitable response to the continuous pauses of all its living creatures as they transform their in-taken spectral energy. This hindrance, then, to the earth's progression around the sun I propose to be the source of the earth's necessity to rotate or spin on its axis. Thus, it would seem obvious that the bob centers of the creatures' bodies would be different during their cycle of resistance to rotation and their cycle of pause from resistance to rotation.

PROGRAM FOR CHANGING HUMAN STRUCTURES AS SEQUENCED IN PERIODIC TABLE AND DEVELOPED FOR MAINTAINING A FLEXING ORGANISM'S ALIGNMENT ON A ROTATING EARTH

The following tables are propsed to show body pendulum bob centers during proper body flexion. Body bob centers to handle body flexion are speculated to serve the rotating earth.

Body bob centers to handle body extension serve the revolving earth and are those for 360 days of its revolution. Bob centers for the extended body are shown, 3 days per sheet, in the 120-sheet set of tables preceding the present set.

The first 5 pages of the present set show flexed-body bob centers for Day 1, then Day 2, then Day 3 as correlated to the Day 1, Day 2 and Day 3 extended-body bob centers shown on each of the 120 sheets of the previous set.

The remaining 3 pages of the present set show a condensation of flexed-body bob centers of Day 1, Day 2 and Day 3 into their 8-minute (Day 1 and 3) or the 2-minute (Day 2) sequential time slots through the respective three 24-hour daily rotations of the earth.

As seen, the body bob centers for Day 1 during proper flexion are the s-orbital bones of the Periodic Table of Elements/Correlated Human Body Structures shown on Page 1 of this work. The s-orbital bones will serve alternatingly with each coupled set of two alternating s-orbital bones serving two consecutive p-, d-, f- or x-orbital Periodic Table structures except when in service to itself or its end-of-row "teeth" in their turn. Each would seem to serve for 8 minutes.

The body bob centers for Day 2 during proper flexion as shown on the third page are the p-orbital bones of the Periodic Table. The 24 p-orbital bones, 4 per row for the first 6 rows, would seem to be cycled through repeatedly, 2 minutes per bone for a 48-minute cycle, through the 24 hours of Day 2.

Finally, the body bob centers for Day 3 during proper flexion, as shown on the fourth and fifth pages, are proposed to be the 180 structures of the Periodic Table, each one seeming to serve sequentially in its turn for 8 minutes of the 24 hours of Day 3.

Possibly each bob center of the 3 days is refashioned to fit an ever changing universe.

Day 1 Body Bob Centers during Proper Flexion for a Given Unique Organism

8:52 am - 4:51 pm, DAY 1 Correlations to Revolving-Earth Program for Structure Change

8:52am ethmoid bone	9:40am vomer bone	10:28am inferior nasal concha	11:16am superior nasal concha	12:04pm superior nasal concha	12:52pm superior nasal concha	1:40pm nasal bone	2:28pm nasal bone	3:16pm nasal bone	4:04pm parietal bone
9:00am sphenoid bone	9:48am palatine bone	10:36am middle nasal concha	11:24am highest nasal concha	12:12pm highest nasal concha	1:00pm highest nasal concha	1:48pm frontal bone	2:36pm frontal bone	3:24pm frontal bone	4:12pm occipital bone
9:08am vomer bone	9:56am vomer bone	10:44am inferior nasal concha	11:32am superior nasal concha	12:20pm superior nasal concha	1:08pm superior nasal concha	1:56pm nasal bone	2:44pm nasal bone	3:32pm nasal bone	4:20pm parietal bone
9:16am palatine bone	10:04am palatine bone	10:52am middle nasal concha	11:40am highest nasal concha	12:28pm highest nasal concha	1:16pm highest nasal concha	2:04pm frontal bone	2:52pm frontal bone	3:40pm frontal bone	4:28pm occipital bone
9:24am vomer bone	10:12am inferior nasal concha	11:00am inferior nasal concha	11:48am superior nasal concha	12:36pm superior nasal concha	1:24pm superior nasal concha	2:12pm nasal bone	3:00pm nasal bone	3:48pm nasal bone	4:36pm parietal bone
9:32am palatine bone	10:20am middle nasal concha	11:08am middle nasal concha	11:56am highest nasal concha	12:44pm highest nasal concha	1:32pm highest nasal concha	2:20pm frontal bone	3:08pm frontal bone	3:56pm frontal bone	4:44pm occipital bone

PROGRAM FOR CHANGING HUMAN STRUCTURES AS SEQUENCED IN PERIODIC TABLE AND DEVELOPED FOR MAINTAINING ORGANISM'S ALIGNMENT ON A ROTATING EARTH

Day 1 Body Bob Centers during Proper Flexion for a Given Unique Organism continued

4:52 pm - 12:51 am, DAY 1 Correlations to Revolving-Earth Program for Structure Change

4:52pm parietal bone	5:40pm parietal bone	6:28pm parietal bone	7:16pm parietal bone	8:04pm parietal bone	8:52pm temporal bone	9:40pm temporal bone	10:28pm temporal bone	11:16pm temporal bone	12:04am temporal bone
5:00pm occipital bone	5:48pm occipital bone	6:36pm occipital bone	7:24pm occipital bone	8:12pm occipital bone	9:00pm zygomatic bone	9:48pm zygomatic bone	10:36pm zygomatic bone	11:24pm zygomatic bone	12:12am zygomatic bone
5:08pm parietal bone	5:56pm parietal bone	6:44pm parietal bone	7:32pm parietal bone	8:20pm temporal bone	9:08pm temporal bone	9:56pm temporal bone	10:44pm temporal bone	11:32pm temporal bone	12:20am temporal bone
5:16pm occipital bone	6:04pm occipital bone	6:52pm occipital bone	7:40pm occipital bone	8:28pm zygomatic bone	9:16pm zygomatic bone	10:04pm zygomatic bone	10:52pm zygomatic bone	11:40pm zygomatic bone	12:28am zygomatic bone
5:24pm parietal bone	6:12pm parietal bone	7:00pm parietal bone	7:48pm parietal bone	8:36pm temporal bone	9:24pm temporal bone	10:12pm temporal bone	11:00pm temporal bone	11:48pm temporal bone	12:36am lacrimal bone
5:32pm occipital bone	6:20pm occipital bone	7:08pm occipital bone	7:56pm occipital bone	8:44pm zygomatic bone	9:32pm zygomatic bone	10:20pm zygomatic bone	11:08pm zygomatic bone	11:56pm zygomatic bone	12:44am maxilla bone

12:52 am - 8:51 am, DAY 1 Correlations to Revolving-Earth Program for Structure Change

12:52am lacrimal bone	1:40am lacrimal bone	2:28am lacrimal bone	3:16am lacrimal bone	4:04am lacrimal bone	4:52am lacrimal bone	5:40am lacrimal bone	6:28am lacrimal bone	7:16am body of mandible	8:04am body of mandible
1:00am maxilla bone	1:48am maxilla bone	2:36am maxilla bone	3:24am maxilla bone	4:12am maxilla bone	5:00am maxilla bone	5:48am maxilla bone	6:36am maxilla bone	7:24am ramus of mandible	8:12am ramus of mandible
1:08am lacrimal bone	1:56am lacrimal bone	2:44am lacrimal bone	3:32am lacrimal bone	4:20am lacrimal bone	5:08am lacrimal bone	5:56am lacrimal bone	6:44am lacrimal bone	7:32am body of mandible	8:20am body of mandible
1:16am maxilla bone	2:04am maxilla bone	2:52am maxilla bone	3:40am maxilla bone	4:28am maxilla bone	5:16am maxilla bone	6:04am maxilla bone	6:52am maxilla bone	7:40am ramus of mandible	8:28am ramus of mandible
1:24am lacrimal bone	2:12am lacrimal bone	3:00am lacrimal bone	3:48am lacrimal bone	4:36am lacrimal bone	5:24am lacrimal bone	6:12am lacrimal bone	7:00am lacrimal bone	7:48am body of mandible	8:36am body of mandible
1:32am maxilla bone	2:20am maxilla bone	3:08am maxilla bone	3:56am maxilla bone	4:44am maxilla bone	5:32am maxilla bone	6:20am maxilla bone	7:08am maxilla bone	7:56am ramus of mandible	8:44am ramus of mandible

PROGRAM FOR CHANGING HUMAN STRUCTURES AS SEQUENCED IN PERIODIC TABLE AND DEVELOPED FOR MAINTAINING ORGANISM'S ALIGNMENT ON A ROTATING EARTH

Day 2 Body Bob Centers during Proper Flexion for a Given Unique Organism

8:52 am - 8:51 pm, DAY 2 Correlations to Revolving-Earth Program for Structure Change

xiphoid pr.	8:52a	9:40a	10:28	11:16	12:04	12:52	1:40p	2:28p	3:16p	4:04p	4:52p	5:40p	6:28p	7:16p	8:04p
sternum	:54a	:42a	:30a	:18a	:06p	:54p	:42p	:30p	:18p	:06p	:54p	:42p	:30p	:18p	:06p
manubrium	:56a	:44a	:32a	:20a	:08p	:56p	:44p	:32p	:20p	:08p	:56p	:44p	:32p	:20p	:08p
clavicle	:58a	:46a	:34a	:22a	:10p	:58p	:46p	:34p	:22p	:10p	:58p	:46p	:34p	:22p	:10p
scapula	9:00a	9:48a	10:36	11:24	12:12	1:00p	1:48p	2:36p	3:24p	4:12p	5:00p	5:48p	6:36p	7:24p	8:12p
humerus	:02a	:50a	:38a	:26a	:14p	:02p	:50p	:38p	:26p	:14p	:02p	:50p	:38p	:26p	:14p
radius	:04a	:52a	:40a	:28a	:16p	:04p	:52p	:40p	:28p	:16p	:04p	:52p	:40p	:28p	:16p
ulna	:06a	:54a	:42a	:30a	:18p	:06p	:54p	:42p	:30p	:18p	:06p	:54p	:42p	:30p	:18p
triquetrum	9:08a	9:56a	10:44	11:32	12:20	1:08p	1:56p	2:44p	3:32p	4:20p	5:08p	5:56p	6:44p	7:32p	8:20p
pisiform	:10a	:58a	:46a	:34a	:22p	:10p	:58p	:46p	:34p	:22p	:10p	:58p	:46p	:34p	:22p
hook	:12a	10:00	:48a	:36a	:24p	:12p	2:00p	:48p	:36p	:24p	:12p	6:00p	:48p	:36p	:24p
lunate	:14a	:02a	:50a	:38a	:26p	:14p	:02p	:50p	:38p	:26p	:14p	:02p	:50p	:38p	:26p
malleus	9:16a	10:04	10:52	11:40	12:28	1:16p	2:04p	2:52p	3:40p	4:28p	5:16p	6:04p	6:52p	7:40p	8:28p
incus	:18a	:06a	:54a	:42a	:30p	:18p	:06p	:54p	:42p	:30p	:18p	:06p	:54p	:42p	:30p
upper hip	:20a	:08a	:56a	:44a	:32p	:20p	:08p	:56p	:44p	:32p	:20p	:08p	:56p	:44p	:32p
pelvic hip	:22a	:10a	:58a	:46a	:34p	:22p	:10p	:58p	:46p	:34p	:22p	:10p	:58p	:46p	:34p
stapes	9:24a	10:12	11:00	11:48	12:36	1:24p	2:12p	3:00p	3:48p	4:36p	5:24p	6:12p	7:00p	7:48p	8:36p
hyoid	:26a	:14a	:02a	:50a	:38p	:26p	:14p	:02p	:50p	:38p	:26p	:14p	:02p	:50p	:38p
femur	:28a	:16a	:04a	:52a	:40p	:28p	:16p	:04p	:52p	:40p	:28p	:16p	:04p	:52p	:40p
tibia	:30a	:18a	:06a	:54a	:42p	:30p	:18p	:06p	:54p	:42p	:30p	:18p	:06p	:54p	:42p
fibula	9:32a	10:20	11:08	11:56	12:44	1:32p	2:20p	3:08p	3:56p	4:44p	5:32p	6:20p	7:08p	7:56p	8:44p
patella	:34a	:22a	:10a	:58a	:46p	:34a	:22p	:10p	:58p	:46p	:34p	:22p	:10p	:58p	:46p
calcaneus	:36a	:24a	:12a	12:00	:48p	:36p	:24p	:12p	4:00p	:48p	:36p	:24p	:12p	8:00p	:48p
talus	:38a	:26a	:14a	:02p	:50p	:38p	:26p	:14p	:02p	:50p	:38p	:26p	:14p	:02p	:50p

8:52 pm - 8:51 am, DAY 2 Correlations to Revolving-Earth Program for Structure Change

xiphoid pr.	8:52p	9:40p	10:28	11:16	12:04	12:52	1:40a	2:28a	3:16a	4:04a	4:52a	5:40a	6:28a	7:16a	8:04a
sternum	:54p	:42p	:30p	:18p	:06a	:54a	:42a	:30a	:18a	:06a	:54a	:42a	:30a	:18a	:06a
manubrium	:56p	:44p	:32p	:20p	:08a	:56a	:44a	:32a	:20a	:08a	:56a	:44a	:32a	:20a	:08a
clavicle	:58p	:46p	:34p	:22p	:10a	:58a	:46a	:34a	:22a	:10a	:58a	:46a	:34a	:22a	:10a
scapula	9:00p	9:48p	10:36	11:24	12:12	1:00a	1:48a	2:36a	3:24a	4:12a	5:00a	5:48a	6:36a	7:24a	8:12a
humerus	:02p	:50p	:38p	:26p	:14a	:02a	:50a	:38a	:26a	:14a	:02a	:50a	:38a	:26a	:14a
radius	:04p	:52p	:40p	:28p	:16a	:04a	:52a	:40a	:28a	:16a	:04a	:52a	:40a	:28a	:16a
ulna	:06p	:54p	:42p	:30p	:18a	:06a	:54a	:42a	:30a	:18a	:06a	:54a	:42a	:30a	:18a
triquetrum	9:08p	9:56p	10:44	11:32	12:20	1:08a	1:56a	2:44a	3:32a	4:20a	5:08a	5:56a	6:44a	7:32a	8:20a
pisiform	:10p	:58p	:46p	:34p	:22a	:10a	:58a	:46a	:34a	:22a	:10a	:58a	:46a	:34a	:22a
hook	:12p	10:00	:48p	:36p	:24a	:12a	2:00a	:48a	:36a	:24a	:12a	6:00a	:48a	:36a	:24a
lunate	:14p	:02p	:50p	:38p	:26a	:14a	:02a	:50a	:38a	:26a	:14a	:02a	:50a	:38a	:26a
malleus	9:16p	10:04	10:52	11:40	12:28	1:16a	2:04a	2:52a	3:40a	4:28a	5:16a	6:04a	6:52a	7:40a	8:28a
incus	:18p	:06p	:54p	:42p	:30a	:18a	:06a	:54a	:42a	:30a	:18a	:06a	:54a	:42a	:30a
upper hip	:20p	:08p	:56p	:44p	:32a	:20a	:08a	:56a	:44a	:32a	:20a	:08a	:56a	:44a	:32a
pelvic hip	:22p	:10p	:58p	:46p	:34a	:22a	:10a	:58a	:46a	:34a	:22a	:10a	:58a	:46a	:34a
stapes	9:24p	10:12	11:00	11:48	12:36	1:24a	2:12a	3:00a	3:48a	4:36a	5:24a	6:12a	7:00a	7:48a	8:36a
hyoid	:26p	:14p	:02p	:50p	:38a	:26a	:14a	:02a	:50a	:38a	:26a	:14a	:02a	:50a	:38a
femur	:28p	:16p	:04p	:52p	:40a	:28a	:16a	:04a	:52a	:40a	:28a	:16a	:04a	:52a	:40a
tibia	:30p	:18p	:06p	:54p	:42a	:30a	:18a	:06a	:54a	:42a	:30a	:18a	:06a	:54a	:42a
fibula	9:32p	10:20	11:08	11:56	12:44	1:32a	2:20a	3:08a	3:56a	4:44a	5:32a	6:20a	7:08a	7:56a	8:44a
patella	:34p	:22p	:10p	:58p	:46a	:34a	:22a	:10a	:58a	:46a	:34a	:22a	:10a	:58a	:46a
calcaneus	:36p	:24p	:12p	12:00	:48a	:36a	:24a	:12a	4:00a	:48a	:36a	:24a	:12a	8:00a	:48a
talus	:38p	:26p	:14p	:02a	:50a	:38a	:26a	:14a	:02a	:50a	:38a	:26a	:14a	:02a	:50a

PROGRAM FOR CHANGING HUMAN STRUCTURES AS SEQUENCED IN PERIODIC TABLE AND DEVELOPED FOR MAINTAINING ORGANISM'S ALIGNMENT ON A ROTATING EARTH

Day 3 body bob centers during proper flexion are shown below and continued on following page. Abbreviations shown in the following list appear in the pages of this table.

ABBREVIATIONS (in order of appearance in the following pages of this table)

C - cervical vertebra	DP - distal phalanx	pr. - process
S - sacral vertebra	T - thoracic vertebra	b. - bone
L - lumbar vertebra	Mt - metatarsal	inf. - inferior
Cx - coccygeal vertebra	RLS - right lung segment	mid. - middle
Mc - metacarpal	LLS - left lung segment	sup. - superior
PP - proximal phalanx	Ss - sesamoid	high. - highest
MP - middle phalanx		cuneif. - cuneiform

Day 3 Body Bob Centers during Proper Flexion for a Given Unique Organism

8:52 am - 4:51 pm, DAY 3 Correlations to Revolving-Earth Program for Structure Change

8:52am ethmoid bone	9:40am manu-brium	10:28am scapula	11:16am superior nasal concha	12:04pm S5	12:52pm triquetrum	1:40pm nasal bone	2:28pm Cx 3	3:16pm malleus	4:04pm parietal bone
9:00am sphenoid bone	9:48am clavicle	10:36am humerus	11:24am highest nasal concha	12:12pm S4	1:00pm pisiform	1:48pm frontal bone	2:36pm Cx 4	3:24pm incus	4:12pm occipital bone
9:08am vomer bone	9:56am maxilla alveolar process	10:44am radius	11:32am C1	12:20pm S3	1:08pm hook of hamate	1:56pm S1	2:44pm L1	3:32pm upper hip	4:20pm Mc 5
9:16am palatine bone	10:04am mandible alveolar process	10:52am ulna	11:40am C2	12:28pm C5	1:16pm lunate	2:04pm C7	2:52pm L2	3:40pm pelvic hip	4:28pm Mc 2
9:24am xiphoid process	10:12am inferior nasal concha	11:00am upper wisdom tooth	11:48am C3	12:36pm S2	1:24pm upper 2nd molar	2:12pm Cx 1	3:00pm L3	3:48pm upper 1st molar	4:36pm Mc PP5
9:32am sternum	10:20am middle nasal concha	11:08am lower wisdom tooth	11:56am C4	12:44pm C6	1:32pm lower 2nd molar	2:20pm Cx 2	3:08pm L4	3:56pm lower 1st molar	4:44pm Mc PP2

PROGRAM FOR CHANGING HUMAN STRUCTURES AS SEQUENCED IN PERIODIC TABLE AND DEVELOPED FOR MAINTAINING ORGANISM'S ALIGNMENT ON A ROTATING EARTH

Day 3 Body Bob Centers during Proper Flexion for a Given Unique Organism continued

4:52 pm - 12:51 am, DAY 3 Correlations to Revolving-Earth Program for Structure Change

4:52pm	5:40pm	6:28pm	7:16pm	8:04pm	8:52pm	9:40pm	10:28pm	11:16pm	12:04am
Mc MP5	Mc PP4	Mc 3	Mc DP3	upper 2nd pre-molar	T2	T5	T8	T11	calcaneus
5:00pm	5:48pm	6:36pm	7:24pm	8:12pm	9:00pm	9:48pm	10:36pm	11:24pm	12:12am
Mc MP2	trapezoid	trapezium	Mc DP1	lower 2nd pre-molar	rib 2	rib 5	rib 8	rib 11	talus
5:08pm	5:56pm	6:44pm	7:32pm	8:20pm	9:08pm	9:56pm	10:44pm	11:32pm	12:20am
Mc DP5	Mc MP4	Mc PP3	stapes	temporal bone	T3	T6	T9	T12	upper 1st pre-molar
5:16pm	6:04pm	6:52pm	7:40pm	8:28pm	9:16pm	10:04pm	10:52pm	11:40pm	12:28am
Mc DP2	capitate	Mc 1	hyoid	zygomatic bone	rib 3	rib 6	rib 9	rib 12	lower 1st pre-molar
5:24pm	6:12pm	7:00pm	7:48pm	8:36pm	9:24pm	10:12pm	11:00pm	11:48pm	12:36am
Mc 4	Mc DP4	Mc MP3	femur	T1	T4	T7	T10	fibula	lacrimal bone
5:32pm	6:20pm	7:08pm	7:56pm	8:44pm	9:32pm	10:20pm	11:08pm	11:56pm	12:44am
scaphoid	hamate	Mc PP1	tibia	rib 1	rib 4	rib 7	rib 10	patella	maxilla bone

12:52 am - 8:51 am, DAY 3 Correlations to Revolving-Earth Program for Structure Change

12:52am	1:40am	2:28am	3:16am	4:04am	4:52am	5:40am	6:28am	7:16am	8:04am
Mt 5	Mt DP5	Mt MP4	Mt PP3	RLS 1	RLS 4	LLS 7+8	upper canine	body of mandible	frontal sinus
1:00am	1:48am	2:36am	3:24am	4:12am	5:00am	5:48am	6:36am	7:24am	8:12am
Mt 2	Mt DP2	cuneiform lateral	Mt 1	LLS 1+2	LLS 5	RLS 8	lower canine	ramus of mandible	mastoid cells
1:08am	1:56am	2:44am	3:32am	4:20am	5:08am	5:56am	6:44am	7:32am	8:20am
Mt PP5	Mt 4	Mt DP4	Mt MP3	RLS 2	RLS 5	LLS 9	upper lateral incisor	L5	maxillary sinus
1:16am	2:04am	2:52am	3:40am	4:28am	5:16am	6:04am	6:52am	7:40am	8:28am
Mt PP2	navicular	cuboid	Mt PP1	LLS 3	LLS 6	RLS 9	lower lateral incisor	Mc Ss 2	tympanic cells
1:24am	2:12am	3:00am	3:48am	4:36am	5:24am	6:12am	7:00am	7:48am	8:36am
Mt MP5	Mt PP4	Mt 3	Mt DP3	RLS 3	RLS 6	LLS 10	upper central incisor	Mc Ss 1	sphenoid sinus
1:32am	2:20am	3:08am	3:56am	4:44am	5:32am	6:20am	7:08am	7:56am	8:44am
Mt MP2	cuneiform inter-mediate	cuneiform medial	Mt DP1	LLS 4	RLS 7	RLS 10	lower central incisor	Mt Ss 1	ethmoid cells

PROGRAM for ROTATING-EARTH CHANGE of STRUCTURES as SEQUENCED in PERIODIC TABLE

Combined Day 1, 2 and 3 Listing of Flexed-Body Bob Centers for a Given Unique Organism

8:52am-12:51pm each day, 3-DAY Correlations to Revolving-Earth Program for Structure Change

Day 2's	a.m. Day 1's & 3's	a.m. Day 1's & 3's	a.m. Day 1's & 3's	a.m. Day 1's & 3's	p.m. Day 1's & 3's
xiphoid pr.	8:52 Day 1 &	9:40 Day 1:	10:28 Day 1: inf.	11:16 Day 1 &	12:04 Day 1: sup.
sternum	:54 Day 3:	:42 vome bone	:30 nasal concha	:18 Day 3:	:06 nasal concha
manubrium	:56 ethmoid	:44 Day 3:	:32 Day 3:	:20 superior	:08 Day 3:
clavicle	:58 bone	:46 manubrium	:34 scapula	:22 nasal concha	:10 S5
scapula	9:00 Day 1 &	9:48 Day 1:	10:36 Day 1: mid.	11:24 Day 1 &	12:12 Day 1: high.
humerus	:02 Day 3:	:50 palatine b.	:38 nasal concha	:26 Day 3:	:14 nasal concha
radius	:04 sphenoid	:52 Day 3:	:40 Day 3:	:28 highest	:16 Day 3:
ulna	:06 bone	:54 clavicle	:42 humerus	:30 nasal concha	:18 S4
triquetrum	9:08 Day 1 &	9:56 Day 1:	10:44 Day 1: inf.	11:32 Day 1: sup.	12:20 Day 1: sup.
pisiform	:10 Day 3:	:58 vomer bone	:46 nasal concha	:34 nasal concha	:22 nasal concha
hook	:12 vomer	10:00 Day3-maxilla	:48 Day 3:	:36 Day 3:	:24 Day 3:
lunate	:14 bone	:02 alveolar pr.	:50 radius	:38 C1	:26 S3
malleus	9:16 Day 1 &	10:04 Day 1:	10:52 Day 1: mid.	11:40 Day 1: high.	12:28 Day 1: high.
incus	:18 Day 3:	:06 palatine b.	:54 nasal concha	:42 nasal concha	:30 nasal concha
upper hip	:20 palatine	:08 Day3-mandible	:56 Day 3:	:44 Day 3:	:32 Day 3:
pelvic hip	:22 bone	:10 alveolar pr.	:58 ulna	:46 C2	:34 C5
stapes	9:24 Day 1:	10:12 Day 1 &	11:00 Day 1: inf.	11:48 Day 1: sup.	12:36 Day 1: sup.
hyoid	:26 vomer bone	:14 Day 3:	:02 nasal concha	:50 nasal concha	:38 nasal concha
femur	:28 Day 3:	:16 inferior	:04 Day 3: upper	:52 Day 3:	:40 Day 3:
tibia	:30 xiphoid pr.	:18 nasal concha	:06 wisdom tooth	:54 C3	:42 S2
fibula	9:32 Day 1:	10:20 Day 1 &	11:08 Day 1: mid.	11:56 Day 1: high.	12:44 Day 1: high.
patella	:34 palatine b.	:22 Day 3:	:10 nasal concha	:58 nasal concha	:46 nasal concha
calcaneus	:36 Day 3:	:24 middle	:12 Day 3: lower	12:00 p.m. Day 3:	:48 Day 3:
talus	:38 sternum	:26 nasal concha	:14 wisdom tooth	:02 p.m C4	:50 C6

12:52pm-4:51pm each day, 3-DAY Correlations to Revolving-Earth Program for Structure Change

Day 2's	p.m. Day 1's & 3's	p.m. Day 1's & 3's	p.m. Day 1's & 3's	p.m. Day 1's & 3's	p.m. Day 1's & 3's
xiphoid pr.	12:52 Day 1: sup.	1:40 Day 1 &	2:28 Day 1:	3:16 Day 1:	4:04 Day 1 &
sternum	:54 nasal concha	:42 Day 3:	:30 nasal bone	:18 nasal bone	:06 Day 3:
manubrium	:56 Day 3:	:44 nasal	:32 Day 3:	:20 Day 3:	:08 parietal
clavicle	:58 triquetrum	:46 bone	:34 Cx 3	:22 malleus	:10 bone
scapula	1:00 Day 1: high.	1:48 Day 1 &	2:36 Day 1:	3:24 Day 1:	4:12 Day 1 &
humerus	:02 nasal concha	:50 Day 3:	:38 frontal bone	:26 frontal bone	:14 Day 3:
radius	:04 Day 3:	:52 frontal	:40 Day 3:	:28 Day 3:	:16 occipital
ulna	:06 pisiform	:54 bone	:42 Cx 4	:30 incus	:18 bone
triquetrum	1:08 Day 1: sup.	1:56 Day 1:	2:44 Day 1:	3:32 Day 1:	4:20 Day 1:
pisiform	:10 nasal concha	:58 nasal bone	:46 nasal bone	:34 nasal bone	:22 parietal bone
hook	:12 Day 3:	2:00 Day 3:	:48 Day 3:	:36 Day 3:	:24 Day 3:
lunate	:14 hook	:02 S1	:50 L1	:38 upper hip	:26 Mc 5
malleus	1:16 Day 1: high.	2:04 Day 1:	2:52 Day 1:	3:40 Day 1:	4:28 Day 1:
incus	:18 nasal concha	:06 frontal bone	:54 frontal bone	:42 frontal bone	:30 occipital b.
upper hip	:20 Day 3:	:08 Day 3:	:56 Day 3:	:44 Day 3:	:32 Day 3:
pelvic hip	:22 lunate	:10 C7	:58 L2	:46 pelvic hip	:34 Mc 2
stapes	1:24 Day 1: sup.	2:12 Day 1:	3:00 Day 1:	3:48 Day 1:	4:36 Day 1:
hyoid	:26 nasal concha	:14 nasal bone	:02 nasal bone	:50 nasal bone	:38 parietal bone
femur	:28 Day 3-upper	:16 Day 3:	:04 Day 3:	:52 Day 3-upper	:40 Day 3:
tibia	:30 2nd molar	:18 Cx 1	:06 L3	:54 1st molar	:42 Mc PP5
fibula	1:32 Day 1: high.	2:20 Day 1:	3:08 Day 1:	3:56 Day 1:	4:44 Day 1:
patella	:34 nasal concha	:22 frontal bone	:10 frontal bone	:58 frontal bone	:46 occipital b.
calcaneus	:36 Day 3-lower	:24 Day 3:	:12 Day 3:	4:00 Day 3-lower	:48 Day 3:
talus	:38 2nd molar	:26 Cx 2	:14 L4	:02 1st molar	:50 Mc PP2

PROGRAM for ROTATING-EARTH CHANGE of STRUCTURES as SEQUENCED in PERIODIC TABLE

Combined Day 1, 2 and 3 Listing of Flexed-Body Bob Centers for a Given Unique Organism

4:52pm- 8:51pm each day, 3-DAY Correlations to Revolving-Earth Program for Structure Change

Day 3's	p.m. Day 1's & 3's	p.m. Day 1's & 3's	p.m. Day 1's & 3's	p.m. Day 1's & 3's	p.m. Day 1's & 3's
xiphoid pr.	4:52 Day 1:	5:40 Day 1:	6:28 Day 1:	7:16 Day 1:	8:04 Day 1:
sternum	:54 parietal bone	:42 parietal bone	:30 parietal bone	:18 parietal bone	:06 parietal bone
manubrium	:56 Day 3:	:44 Day 3:	:32 Day 3:	:20 Day 3:	:08 Day 3: upper
clavicle	:58 Mc MP5	:46 Mc PP4	:34 Mc 3	:22 Mc DP3	:10 2nd pre-molar
scapula	5:00 Day 1:	5:48 Day 1:	6:36 Day 1:	7:24 Day 1:	8:12 Day 1:
humerus	:02 occipital b.	:50 occipital b.	:38 occipital b.	:26 occipital b.	:14 occipital b.
radius	:04 Day 3:	:52 Day 3:	:40 Day 3:	:28 Day 3:	:16 Day 3: lower
ulna	:06 Mc MP2	:54 trapezoid	:42 trapezium	:30 Mc DP1	:18 2nd pre-molar
triquetrum	5:08 Day 1:	5:56 Day 1:	6:44 Day 1:	7:32 Day 1:	8:20 Day 1 &
pisiform	:10 parietal bone	:58 parietal bone	:46 parietal bone	:34 parietal bone	:22 Day 3:
hook	:12 Day 3:	6:00 Day 3:	:48 Day 3:	:36 Day 3:	:24 temporal
lunate	:14 Mc DP5	:02 Mc MP4	:50 Mc PP3	:38 stapes	:26 bone
malleus	5:16 Day 1:	6:04 Day 1:	6:52 Day 1:	7:40 Day 1:	8:28 Day 1 &
incus	:18 occipital b.	:06 occipital b.	:54 occipital b.	:42 occipital b.	:30 Day 3:
upper hip	:20 Day 3:	:08 Day 3:	:56 Day 3:	:44 Day 3:	:32 zygomatic
pelvic hip	:22 Mc DP2	:10 capitate	:58 Mc 1	:46 hyoid	:34 bone
stapes	5:24 Day 1:	6:12 Day 1:	7:00 Day 1:	7:48 Day 1:	8:36 Day 1:
hyoid	:26 parietal bone	:14 parietal bone	:02 parietal bone	:50 parietal bone	:38 temporal b.
femur	:28 Day 3:	:16 Day 3:	:04 Day 3:	:52 Day 3:	:40 Day 3:
tibia	:30 Mc 4	:18 Mc DP4	:06 Mc MP3	:54 femur	:42 T1
fibula	5:32 Day 1:	6:20 Day 1:	7:08 Day 1:	7:56 Day 1:	8:44 Day 1:
patella	:34 occipital b.	:22 occipital b.	:10 occipital b.	:58 occipital b.	:46 zygomatic b.
calcaneus	:36 Day 3:	:24 Day 3:	:12 Day 3:	8:00 Day 3:	:48 Day 3:
talus	:38 scaphoid	:26 hamate	:14 Mc PP1	:02 tibia	:50 rib 1

8:52pm-12:51am each day, 3-DAY Correlations to Revolving-Earth Program for Structure Change

Day 3's	p.m. Day 1's & 3's	p.m. Day 1's & 3's	p.m. Day 1's & 3's	p.m. Day 1's & 3's	a.m. Day 1's & 3's
xiphoid pr.	8:52 Day 1:	9:40 Day 1:	10:28 Day 1:	11:16 Day 1:	12:04 Day 1:
sternum	:54 temporal b.	:42 temporal b.	:30 temporal b.	:18 temporal b.	:06 temporal b.
manubrium	:56 Day 3:	:44 Day 3:	:32 Day 3:	:20 Day 3:	:08 Day 3:
clavicle	:58 T2	:46 T5	:34 T8	:22 T11	:10 calcaneus
scapula	9:00 Day 1:	9:48 Day 1:	10:36 Day 1:	11:24 Day 1:	12:12 Day 1:
humerus	:02 zygomatic b.	:50 zygomatic b.	:38 zygomatic b.	:26 zygomatic b.	:14 zygomatic b.
radius	:04 Day 3:	:52 Day 3:	:40 Day 3:	:28 Day 3:	:16 Day 3:
ulna	:06 rib 2	:54 rib 5	:42 rib 8	:30 rib 11	:18 talus
triquetrum	9:08 Day 1:	9:56 Day 1:	10:44 Day 1:	11:32 Day 1:	12:20 Day 1:
pisiform	:10 temporal b.	:58 temporal b.	:46 temporal b.	:34 temporal b.	:22 temporal b.
hook	:12 Day 3:	10:00 Day 3:	:48 Day 3:	:36 Day 3:	:24 Day 3: upper
lunate	:14 T3	:02 T6	:50 T9	:38 T12	:26 1st pre-molar
malleus	9:16 Day 1:	10:04 Day 1:	10:52 Day 1:	11:40 Day 1:	12:28 Day 1:
incus	:18 zygomatic b.	:06 zygomatic b.	:54 zygomatic b.	:42 zygomatic b.	:30 zygomatic b.
upper hip	:20 Day 3:	:08 Day 3:	:56 Day 3:	:44 Day 3:	:32 Day 3: lower
pelvic hip	:22 rib 3	:10 rib 6	:58 rib 9	:46 rib 12	:34 1st pre-molar
stapes	9:24 Day 1:	10:12 Day 1:	11:00 Day 1:	11:48 Day 1:	12:36 Day 1 &
hyoid	:26 temporal b.	:14 temporal b.	:02 temporal b.	:50 temporal b.	:38 Day 3:
femur	:28 Day 3:	:16 Day 3:	:04 Day 3:	:52 Day 3:	:40 lacrimal
tibia	:30 T4	:18 T7	:06 T10	:54 fibula	:42 bone
fibula	9:32 Day 1:	10:20 Day 1:	11:08 Day 1:	11:56 Day 1:	12:44 Day 1 &
patella	:34 zygomatic b.	:22 zygomatic b.	:10 zygomatic b.	:58 zygomatic b.	:46 Day 3:
calcaneus	:36 Day 3:	:24 Day 3:	:12 Day 3:	12:00 a.m. Day 3:	:48 maxilla
talus	:38 rib 4	:26 rib 7	:14 rib 10	:02 a.m. patella	:50 bone

PROGRAM for ROTATING-EARTH CHANGE of STRUCTURES as SEQUENCED in PERIODIC TABLE

Combined Day 1, 2 and 3 Listing of Flexed-Body Bob Centers for a Given Unique Organism

12:52am-4:51am each day, 3-DAY Correlations to Revolving-Earth Program for Structure Change

Day 2's	a.m. Day 1's & 3's	a.m. Day 1's & 3's	a.m. Day 1's & 3's	a.m. Day 1's & 3's	a.m. Day 1's & 3's
xiphoid pr.	12:52 Day 1:	1:40 Day 1:	2:28 Day 1:	3:16 Day 1:	4:04 Day 1:
sternum	:54 lacrimal bone	:42 lacrimal bone	:30 lacrimal bone	:18 lacrimal bone	:06 lacrimal bone
manubrium	:56 Day 3:	:44 Day 3:	:32 Day 3:	:20 Day 3:	:08 Day 3:
clavicle	:58 Mt 5	:46 Mt DP5	:34 Mt MP4	:22 Mt PP3	:10 RLS 1
scapula	1:00 Day 1:	1:48 Day 1:	2:36 Day 1:	3:24 Day 1:	4:12 Day 1:
humerus	:02 maxilla bone	:50 maxilla bone	:38 maxilla bone	:26 maxilla bone	:14 maxilla bone
radius	:04 Day 3:	:52 Day 3:	:40 Day 3:cuneif.	:28 Day 3:	:16 Day 3:
ulna	:06 Mt 2	:54 Mt DP2	:42 lateral	:30 Mt 1	:18 LLS 1+2
triquetrum	1:08 Day 1:	1:56 Day 1:	2:44 Day 1:	3:32 Day 1:	4:20 Day 1:
pisiform	:10 lacrimal bone	:58 lacrimal bone	:46 lacrimal bone	:34 lacrimal bone	:22 lacrimal bone
hook	:12 Day 3:	2:00 Day 3:	:48 Day 3:	:36 Day 3:	:24 Day 3:
lunate	:14 Mt PP5	:02 Mt 4	:50 Mt DP4	:38 Mt MP3	:26 RLS 2
malleus	1:16 Day 1:	2:04 Day 1:	2:52 Day 1:	3:40 Day 1:	4:28 Day 1:
incus	:18 maxilla bone	:06 maxilla bone	:54 maxilla bone	:42 maxilla bone	:30 maxilla bone
upper hip	:20 Day 3:	:08 Day 3:	:56 Day 3:	:44 Day 3:	:32 Day 3:
pelvic hip	:22 Mt PP2	:10 navicular	:58 cuboid	:46 Mt PP1	:34 LLS 3
stapes	1:24 Day 1:	2:12 Day 1:	3:00 Day 1:	3:48 Day 1:	4:36 Day 1:
hyoid	:26 lacrimal bone	:14 lacrimal bone	:02 lacrimal bone	:50 lacrimal bone	:38 lacrimal bone
femur	:28 Day 3:	:16 Day 3:	:04 Day 3:	:52 Day 3:	:40 Day 3:
tibia	:30 Mt MP5	:18 Mt PP4	:06 Mt 3	:54 Mt DP3	:42 RLS 3
fibula	1:32 Day 1:	2:20 Day 1:	3:08 Day 1:	3:56 Day 1:	4:44 Day 1:
patella	:34 maxilla bone	:22 maxilla bone	:10 maxilla bone	:58 maxilla bone	:46 maxilla bone
calcaneus	:36 Day 3:	:24 Day 3:cuneif.	:12 Day 3:cuneif.	4:00 Day 3:	:48 Day 3:
talus	:38 Mt MP2	:26 intermediate	:14 medial	:02 Mt DP1	:50 LLS 4

4:52am- 8:51am each day, 3-DAY Correlations to Revolving-Earth Program for Structure Change

Day 2's	a.m. Day 1's & 3's	a.m. Day 1's & 3's	a.m. Day 1's & 3's	a.m. Day 1's & 3's	a.m. Day 1's & 3's
xiphoid pr.	4:52 Day 1:	5:40 Day 1:	6:28 Day 1:	7:16 Day 1 &	8:04 Day 1: body
sternum	:54 lacrimal bone	:42 lacrimal bone	:30 lacrimal bone	:18 Day 3:	:06 of mandible
manubrium	:56 Day 3:	:44 Day 3:	:32 Day 3: upper	:20 body of	:08 Day 3:
clavicle	:58 RLS 4	:46 LLS 7+8	:34 canine	:22 mandible	:10 frontal sinus
scapula	5:00 Day 1:	5:48 Day 1:	6:36 Day 1:	7:24 Day 1 &	8:12 Day 1: ramus
humerus	:02 maxilla bone	:50 maxilla bone	:38 maxilla bone	:26 Day 3:	:14 of mandible
radius	:04 Day 3:	:52 Day 3:	:40 Day 3: lower	:28 ramus of	:16 Day 3:
ulna	:06 LLS 5	:54 RLS 8	:42 canine	:30 mandible	:18 mastoid cells
triquetrum	5:08 Day 1:	5:56 Day 1:	6:44 Day 1:	7:32 Day 1: body	8:20 Day 1: body
pisiform	:10 lacrimal bone	:58 lacrimal bone	:46 lacrimal bone	:34 of mandible	:22 of mandible
hook	:12 Day 3:	6:00 Day 3:	:48 Day 3: upper	:36 Day 3:	:24 Day 3: max-
lunate	:14 RLS 5	:02 LLS 9	:50 lateral incisor	:38 L5	:26 illary sinus
malleus	5:16 Day 1:	6:04 Day 1:	6:52 Day 1:	7:40 Day 1: ramus	8:28 Day 1: ramus
incus	:18 maxilla bone	:06 maxilla bone	:54 maxilla bone	:42 of mandible	:30 of mandible
upper hip	:20 Day 3:	:08 Day 3:	:56 Day 3: lower	:44 Day 3:	:32 Day 3: tym-
pelvic hip	:22 LLS 6	:10 RLS 9	:58 lateral incisor	:46 Mc Ss 2	:34 panic cells
stapes	5:24 Day 1:	6:12 Day 1:	7:00 Day 1:	7:48 Day 1: body	8:36 Day 1: body
hyoid	:26 lacrimal bone	:14 lacrimal bone	:02 lacrimal bone	:50 of mandible	:38 of mandible
femur	:28 Day 3:	:16 Day 3:	:04 Day 3: upper	:52 Day 3:	:40 Day 3: sphe-
tibia	:30 RLS 6	:18 LLS 10	:06 central incisor	:54 Mc Ss 1	:42 noid sinus
fibula	5:32 Day 1:	6:20 Day 1:	7:08 Day 1:	7:56 Day 1: ramus	8:44 Day 1: ramus
patella	:34 maxilla bone	:22 maxilla bone	:10 maxilla bone	:58 of mandible	:46 of mandible
calcaneus	:36 Day 3:	:24 Day 3:	:12 Day 3: lower	8:00 Day 3:	:48 Day 3:
talus	:38 RLS 7	:26 RLS 10	:14 central incisor	:02 Mt Ss 1	:50 ethmoid cells

PART 6

Manuscript I - Early Musings, Easy Reading

Manuscript II - Musings with Anatomy Books

Manuscript III - Further Musings, Beginnings

Notes of Eva Cary Nason through the Years

Part 6 Contents

PART 6 - Manuscript I - Early Musings, Easy Reading

(Everything written in Manuscript I below, and the following Manuscript II, is preliminary to much deeper understanding that came later when I would discover other very important ways of breathing and functioning not mentioned in Manuscript I or II, which seem to be not known at all and which are delineated in Parts 1-5 of this work.)

Dear Reader,

I wish to be straightforward. I wish to tell you as simply as possible of what I have learned that it might be of use to you. I shall tell you first of how I came to learn it and the steps along the way, unfolding for you, as I did for myself, a framework for the physical functioning of our body equally effective in any number of seemingly disparate areas of human endeavor.

I have no background in any vocal, athletic or medical field related to those matters of which I'll speak, nor do I have young doctor friends with fresh memory of the latest volumes on the anatomy and physiology of the human body. What I have always had, however, was a desire for the greatest understanding of the endeavor in which I was engaged and an awareness of the wisdom in the following quote: "In every field the man who can merely do things without knowing why is at a disadvantage to the one who can not only build but also tell you just why he is building in that way. This is especially noticeable when the prescribed cycle does not obey the laws it is supposed to; then the laborer must sit by with folded hands while the mechanic or engineer comes in and adjusts the delicate mechanism." (No source)

What I have had, also, was myself as a laboratory and the conviction that many of us, through observation and reflection and with the aid of all the information that exists, can get to the heart of those things which are really important to us.

I came to the discoveries I wish to convey to you by way of wanting to record and preserve those songs and poems I had recited to my children at bedtime through their first twelve years or so. There were enough of them that it seemed worthwhile to look briefly into what was involved in voice improvement. That was several years ago now and I have been looking into this matter ever since.

As I said in one of the essays to my children, which accompany the songs and poems, "There was little time or money to seek formal instruction nor was there confidence on my part that I would know when I had found appropriate instruction. Much better, it seemed, to simply listen to my body and my singing mechanism as I went about my daily tasks for what they would tell me about ease and comfort in the effort I was requiring of them. Then, of course, there were books with all kinds of anatomical drawings and language unknown to me."

As I went about this program of listening to my body to discover ease and comfort in singing, a curious situation arose: I began finding ease and comfort in other areas of endeavor or simply in my physical and emotional state of being. I found myself shedding or over-coming a wide variety of minor and, even, not quite so minor disorders.

In mentioning to my daughter briefly what I believed to be the basis for my discoveries in the same essay quoted above, I wrote, "These years of clues from readings and re-readings and listening to a language of muscles and organs interacting with one another have brought me to an extraordinary discovery. Truly, 'laughter is the best medicine,' for an

approximation of muscle alignment during laughter from the nasal passages and head cavities down through the torso create the ideal conditions for correct breathing and functioning throughout one's body. My years of effort to arrive at ease and control in singing has resulted in the accumulation of benefit after benefit which accrues from the resulting optimal ways of breathing and general functioning, singing being only one of them."

The flitting here and there of thoughts is so different than the orderly, demure progression of paragraphs which appear on pages like these. Could it be interesting or instructive to intersperse a stream of thoughts among these paragraphs as though they were being downloaded?

From the book of notes I have made regarding this effort, there is a quote taken from biologist, Edward O. Wilson's, article, "Resuming the Enlightenment Quest." He says, "In all cultures and throughout life, smiling is used to signal friendliness, approval and a sense of pleasure." I discovered the "sense of pleasure" involved in smiling, apart from whatever the external reason for the pleasure, has a physiological basis**:** it causes us to move and breathe more optimally and thus we feel good.

In innumerable systems of meditation and ways of living, which seek stress reduction and physical well-being, there are frequently associated various body movements and/or relaxation techniques and references to the importance of proper breathing. There came an insight one day as I was thinking about the syllable, "om," which is used in transcendental meditation. I remembered it being stated in modern explanations of how to use this system that any syllable one chose would do**;** it need not be "om." Then, I realized the wisdom of the original system. The syllable, "om," is essential in specific ways that I will explain as I go along but, in a general way, it is essential because it effects some of the same muscle alignment that exists in laughing and smiling and thus helps create the ideal conditions for optimal bodily functioning. This is often true for many body movements also. These movements compel the body to function, I suspect, along the lines living organisms probably developed from the beginning to function and thus breathe and move correctly.

Yes, I shall! I have not been demure about these discoveries. I have shouted with excitement and ever growing conviction as my thoughts shout to you, dear reader, that what appears in the orderly paragraphs of this text is astonishing in the seeming incognizance of the connected whole and, even, many of the parts. Do read it, experiment with it, insist that it be sincerely tested in any number of ways, and then say it's not true!

All else aside, my years of discovery have proven to me that conditions which lead to optimal breathing lead to optimal functioning in general and produce physical well-being. I have come to believe the majority of us go through life seldom, if ever, taking a thorough breath, or we switch from an approximation of our best breathing when we're relaxed and happy or involved in certain kinds of activity to a situation of muscle use that prevents optimal breathing, and optimal functioning, throughout our systems upon the slightest hint of physical or emotional stress.

As the months and years went by, I became more and more convinced that the theories I had been developing as to why a proper breath was not available to us were accurate. In a fitting room of a clothing store I overheard an adult daughter telling her somewhat elderly

mother that the new clothing would look good on her if she would only hold in her stomach. In that statement, and in similar statements suggesting we do this or that with our bodies based on little or no, and not yet known, knowledge of their very complex functioning, was much of the essence of what I had come to believe was the beginning of our path away from living in accord with our body's design.

For many years I had tried to "hold in my stomach," frequently with discomfort to myself, because I never had any idea as to how to isolate out the correct muscles responsible for doing that and then how to manipulate those muscles in the appropriate way. My wanting to hold in my stomach had only to do with the notion that this was the attractive way to look, not that I had come to understand that the most efficient functional design of the body might involve a tight abdomen. Consequently, I put artificial pressure on various parts of my rib cage and abdomen resulting in various discomforts which I would hardly acknowledge. From time to time, there would be a sit-up or leg-raise regimen or a stint with trying to learn Yoga resulting too frequently in side-pain or muscle pulls. To the question of how to breathe correctly when doing these exercises, which was the issue on which I concentrated initially, there was little or no answer. Later, as I began looking for information on correct breathing in singing and became interested in the larger question of just how do we go about using the respiratory system correctly to obtain a really good, full, satisfying breath, I found very little instruction, certainly nothing comprehensive. In all the books in the libraries and bookstores perused at home and elsewhere concerning various sports, exercise regimens, meditation and spiritual systems, anatomical and physiological systems and those many books on singing, I never found the answers I sought. Also, from time to time, in the medical articles, there were statements that no explanation had yet been given for certain aspects of the respiration system. Eventually, I concluded that neither the how nor the why of the proper working of the system is understood.

There was a constant voice (not mine) implying that it couldn't be the non-authoritative voice of one such as I who was explaining this whole new way of comprehending the workings of the human body. After all, I had no background, no training in medical science or physical therapy or vocal pedagogy, etc. I was just an ordinary human being.

There were clues aplenty, however. For my purposes, the best of them came from the writings of great singers long gone from us, particularly Lilli Lehmann's book from 1902, How To Sing, and, before that, Luisa Tetrazzini in Caruso and Tetrazzini On the Art of Singing and Giovanni Battista Lamperti in Vocal Wisdom. These clues were of the greatest use because I had determined very quickly that singing ability was altogether based on the perfection of one's breathing mechanism, and an enduring great singer had necessarily learned to use the breathing mechanism properly. If that singer then was observant, perceptive and articulate, he or she could probably explain better than anyone what was necessary to make the mechanism work effectively. Perhaps these singers would not know why, but they would know how.

Since I have had difficulty in making use of the "how" of a working system without understanding the "why" of it, my quest became the understanding of why doing certain kinds of things with various parts of one's body had certain kinds of effects.

At times, ordinary human beings are capable of extraordinary insights, creations and acts.

Initially, the kind of thing done with a part of my body that bespoke something out of the ordinary involved moments in my effort to sing well when I realized I was singing with a sense of ease and comfort throughout my body. Much later I would read in Jerome Hines' very helpful book, Great Singers on Great Singing, the comment by Gail Robinson, "Singing is such a pleasant sensation, it gives me physical pleasure. It is very soothing, better than taking a tranquilizer."

Associated with these moments, I came to recognize a sensation of expansion in my lower back and, much more vaguely, a sense of release and comfort in the area between the ribs where they curve down from their lowest attachment to the bottom of the sternum or breastbone. These sensations were very pleasant and very ephemeral. I had little idea of how to capture or hold onto them. Then, one of life's gifts came my way. A young Korean girl lived briefly with us. She was involved with an old Korean system of meditation and exercise which had the English name, Dahn. On her last evening with us, we were taken to a Korean dinner followed by a visit to her Atlanta area Dahn center. A translator for the Dahn resident leader was called in to explain to us aspects of the system. The comment was made through the translator that a Dahn "master" had achieved "back breathing." There was, also, the suggestion that a degree of agelessness became characteristic of those who achieved masterhood.

Immediately, I was convinced that the sensations I had been experiencing involved "back breathing," particularly as the sensations included a sense of breath expanding the lower back. Now, I had a name for my sensations and a strong hint, at least, of confirmation for the authenticity of my experience as being, perhaps, something out of the ordinary.

In summing up the future of understanding the human brain in his The Undiscovered Mind, John Horgan says the Harvard psychologist, Howard Gardner, suggests that a possibility will be someone finding "deep and fruitful commonalities between Western views of the mind and those incorporated into the philosophy and religion of the Far East." Approaching the end of my present work, I have become intrigued by the relevance of my discoveries to the functioning of the brain.

For the next several months I attempted to find ways of replicating the sensations associated with what I now called "back breathing." I believed that soon I would be able to permanently establish this new way of breathing. I was discovering any number of benefits when I could maintain it for a space of time. I could eliminate coughing and the inability to breathe when congested and, thus, panic attacks, chronic pain and numbness in my thumb joints, cold feet, tooth sensitivity, motion sickness, incontinence, hot flashes, weakness in various physical tasks, tiredness, feelings of tension and various feelings of malaise in general.

As was the case with several afflictions, for example, bursitis, that beset me through these years, my panic attacks proved to be useful. They were elicited by the inability to breathe through my nose because of congestion. Luckily, they had only recently begun to occur when I discovered "back breathing."

Horgan quotes Gardner again when he emphasizes that "we can't anticipate the extraordinary mind (I don't mean to presume), because it always comes from a funny place that puts things together in a funny kind of way." (Underlining mine.) In that connection, a Columbia University neuroscientist, Eric Kandel, is quoted as saying, "There is an occasional person who will have a remarkable insight, that will allow you to see things in a new way, and that will move the field in unexpected directions." (In this regard, I would like to presume.)

Whereas before there was the insupportable sensation of not being able to take a decent breath, now the panic attacks encouraged me to call forth this new sensation of air being pulled into me from some central location in my body and my stuffed-up nose being but little involved in the intake. All I needed to do was take a big breath through my mouth, if need be, and then, while exhaling, keep the expansion I experienced in the lower back. The next breath, whether through my nose or mouth, would carry the sensation of a centralized pulling in of air that seemed to slip straight from my nostrils down my trachea. This was contrasted to the old way of breathing which seemed to involve muscles in my nose area being activated to try, ineffectively, to take a breath through closed passageways. The trick, then, was to continue to keep the back expanded while exhaling to be ready for the pulling in of air on inhalation. When I could do it, the difference was greatly noticeable. Also, the new way created an immediate sense of relaxation.

In the belief that what was needed was the strengthening of the muscles, whatever they were, that permitted "back breathing," I began doing what I imagined might strengthen those muscles. There was a short, steep street nearby which I began to walk up and down repeatedly as often as I could. Also, I returned to a regimen of leg-raises and sit-ups. However, in both these efforts, the emphasis was now on what I thought of as "breathing down an expanded back" and keeping all tension out of the diaphragm area. The secret seemed to be in keeping the back constantly expanded, particularly at the end of exhalation so that whatever portion of the lungs was receiving the air remained open or unconstricted for the next breath. That was my perception of the significance of the lower back sensations, but I had no real conception of the significance of the nebulous sensation of maintaining relaxation in the diaphragm area. Probably, it was a matter of not constricting the diaphragm from its proper functioning.

Looking in the mirror years ago, I wondered what all that was looking back at me but assumed it was more than I could ever understand. I was young then and without the eccentricity of self-confidence. One day recently I thought: I want to be a Martin Luther of medical science. I want to help people discover how much they can understand about their bodies on their own and how useful that understanding can be.

My references at this time concentrated on the two books I had found at the local bookstore, books I read over and over. It was obvious to me, who knew nothing, that the maxims of the great singing teacher, Giovanni Battista Lamperti, as recorded by his student, William Earl Brown, during lessons in the years, 1891-93, probably contained all one needed to know about breathing and singing, if one only knew how to interpret them! I hoped that the other rather technical book I found, Richard Miller's Structure of Singing, from 1986, would elucidate the mellifluous wisdom of Lamperti.

To support me in my efforts to keep an expanded lower back and relaxed diaphragm area, I intoned to myself several Lamperti comments as I walked my hill and sang about the house doing my house-wifely, parenting activities: "Why should [you] get out of position while adding more energy to [your] breath power?" And: The inspiratory muscles, by continuing their action, must "oppose their action to that of the expiratory muscles." I understood by these comments that I must not let the expansion I experienced on inhalation collapse as I exhaled.

From Miller's more technical book I was reminded that the basic functioning of the respiratory system depended on the principal that "air will flow from a region of higher pressure to one of lower pressure." I visualized a descending diaphragm creating an internal vacuum with pressure lower than the atmospheric pressure outside so air was pulled in until the pressures were equal at which time the diaphragm ascended and pushed the air out again. Perhaps even then I could imagine the complexity of the system of nerves and muscles that caused the diaphragm to do what I thought it did. The simultaneous step-by-step simplicity of it was harder to imagine. [It would be many years later when I finally had to accept that the diaphragm is actually a major part of the body's ratcheting mechanism for moving its body through space and carrying the earth with it.]

I went to see Sue at the Chicago Field Museum, Sue comprising the largest, most complete set of tyrannosaurus rex bones ever found. I was excited. She had what appeared to be a pronounced crista galli and the openings of the incisive canal (you'll read of these if you persist, dear reader.) I appreciate patterns, commonality of design. I can speculate that Sue could have used the same broad continuum of arrangements of bodily structures for functioning that are presented in this text.

Miller gave a hint of a reason for maintaining the relaxed sensation in the diaphragm area as I exhaled when he stated that in the Italian *appoggio* vocal technique, the sternum (our breastbone) "must initially find a moderately high position" and then "never slump" because, if it does, the ribs attached to it "cannot maintain an expanded position, and the diaphragm must ascend more rapidly" thus destroying one's breath management for singing. I imagined that the collapsed ribs were putting pressure on the diaphragm area, causing tension and decreased effectiveness in the diaphragm's functioning. Later, after I fashioned some sense of abdominal sensation associated with the downs and ups of the diaphragm, I concluded that the descended diaphragm could stay perfectly well descended when one slumped forward if one understood and controlled what was happening throughout the rest of the system. However, I used Miller's view of the importance of a constantly expanded rib cage as further confirmation of the importance of "back breathing" because keeping the back expanded seemed to always lead to keeping the sternum and rib cage up or expanded, whatever one's position.

Driving home from Chicago, I thought about Sue and I worried about us. Will we be able to survive? Will we, by our own hand, become a failed species? Will our entrenchment in our known patterns in so many different realms, whether dysfunctional or not, prevent us from moving on to more functional attitudes and systems fast enough to save ourselves from ourselves?

Although my references at this time illuminated only dimly, I continued efforts to achieve "back breathing" because the commonality of my sensations of ease in walking up my hill, doing floor exercises and singing with agility and vibrancy throughout a much higher range were too striking to ignore. Also, there were numerous curiosities. For example, there was an intriguing exercise that involved panting like a dog (which I did when I walked the dog.) After a brief period of this panting, there was a great urge to stop panting and take a real breath. I discovered that if I could achieve the "expanded back" sensation when I began to get winded while panting, then the urge to stop to breathe went away immediately and I could go on panting indefinitely. This also worked when I was walking up my hill out of sync with what I was trying to do so that I became winded. Then, if I could "expand the back," I could suddenly breathe easy again.

At some point, it became obvious that the ability to dispel the winded sensation without having to stop to take a "real breath" was essential to control in singing. It seemed that to breathe in such a way that one never became winded was an ultimate goal.

In gardening, when I had the "expanded back" sensation firmly in place, I could do any number of physical tasks with much greater strength and a strong sense that none of my exertions would lead to bodily damage. As I moved my limbs around this new "centered" sensation, I remembered that the translator for the Korean Dahn instructor had said the ability to dance freely was a benefit of the Dahn method of breathing. More strongly than ever it occurred to me that there was probably only one technique for optimum ability to sing, to dance and to engage in any kind of physical activity. It must be based on this way of breathing that gave the sensation of air being pulled into one's self rather than the sensation of "taking a breath." While sitting or lying quietly, I had begun observing how it felt to breathe one way or the other, what parts of me seemed to be involved, what expanded, what tightened, etc. A delightful realization was that "back breathing" permitted me to have a completely satisfying breath as compared to my old way of "taking" a deep breath, which always left me feeling I would really like to take in a little more air if I just knew how. During this period I wrote, "I've just finished my floor exercises, and after being able this morning to pretty consistently do back breathing, I feel like the interior of my torso has had something very good done to it." The thought came then that perhaps I had a clue to another reason beyond the usual ones given for the "natural high" described by runners; perhaps running forced people who normally breathe from the front to breathe properly from the back. Not only were they then getting more oxygen than normal, but perhaps the pathways for the endorphins had become unconstricted, and they were experiencing the same sensation as I when I "back breathed." After all, the fact that the ability to "back breathe" was characteristic of a truly advanced practitioner of the Korean Dahn method seemed to imply that most of us don't normally breathe that way.

I could see why! After more months into this effort, I was asking, "Why is this being so hard?!"

Sara Black, in <u>The Supple Body</u>, gives a description of a way to discover how to get a correct breath. To paraphrase, she indicates that one should stand with correct posture, think of something pleasant so there is a slight smile, drop the jaw and then exhale, saying ah-h-h. Close the mouth but wait momentarily to inhale; having exhaled properly, now the body will draw in its own breath in the appropriate way. Sara Black's method often works pretty well, but why? That was always the question. Until we understand why, many of us

will find it impossible to consistently and continuously do what she, or anyone, suggests. We will not know how to make the method permanent or how to fix it when it goes awry.

I continued to have to concentrate constantly on maintaining an "expanded" back. Whatever the mechanism of muscles and nerves and so on that would lead to an "expanded" back as a permanent, automatic condition remained undeveloped. Any distraction, from an unrelated thought to the change of activity from uphill to downhill walking, could too easily lead to collapse and return to the old, normal way of breathing. Oftentimes it was hard to elicit again my sensations of on-going back expansion and back breathing.

During this frustrating time I came upon another small book, Caruso and Tetrazzini on the Art of Singing, with pictures on the cover of the two singers. I was struck by the picture of Madame Luisa Tetrazzini in view of her advice on clothing for the singer and the implications of this type of clothing for breathing. In the picture she seems to lead with her chest and her lower back appears to push out backwards. She writes, "In order to insure proper breathing capacity it is understood that the clothing must be absolutely loose around the chest and also across the lower part of the back, **for one should breathe with the back of the lungs as well as the front.**" She describes herself as the despair of the fashionable modiste because of the breathing capacity she had developed.

With what encouragement I read the following words: "In learning to breathe it is well to think of the lungs as empty sacks, into which the air is dropping like a weight, so that you think first of filling the bottom of your lungs, then the middle part and so on until no more air can be inhaled . . . begin to inhale from the bottom of the lungs first." At that point I had not acquired the anatomy books I would pore over later so I had little idea of the location of the top, middle and bottom of the lungs in my body, but I could not resist believing that Madame Tetrazzini had added enormously to my store of clues. "Back breathing" was perhaps nothing more than breathing to the bottom of your lungs. Later, I saw that there are many sections to the lungs and one can, indeed, breathe into the different sections.

I had occasion for an appointment with a young doctor at this time with whom I spoke briefly about the issues of how most people breathe and what would be the most effective, beneficial way of taking a good breath. He had me lie down, look down ("Helps relax," he said, but I was to discover much later the anatomical efficacy of tilting the head downward), put my hand on my abdomen and take a deep breath. Because my hand rose when I breathed, he said, "Good!" and went on to explain that many people, especially women, had to take his instruction with them and learn how to do it at home because they were so accustomed to shallow chest breathing.

Afterwards, I was bemused. I knew I had not "back breathed" for the doctor, but had "taken" what, theretofore, had normally been a deep breath for me, one of those where I really wanted more air than I could get. I dimly recognized how foreign "back breathing" would be when many people couldn't even do what might be called "abdominal" breathing.

Reading on in Madame Tetrazzini's account of the Art of Singing, I soon believed I had found the voice of another thoroughly insightful artist who was able to speak of the making of her art in very concrete, understandable terms. From connecting her bottom-of-the-lungs model for breathing to my conception of "back breathing," I progressed on to experimenting with an easy to manipulate part of my body, the lower jaw.

Madame Tetrazzini stated that it is useless to try to sing if the throat is not entirely open to let the sound pass freely. And, "in order to have the throat perfectly open it is

necessary to have the jaw absolutely relaxed." Then, she tells us how to achieve and experience a relaxed jaw: "The jaw is attached to the skull right beneath the temples in front of the ears (along where the ear lobe joins the face or just above that.) By placing your two fingers there and dropping the jaw you will find that a space between the skull and jaw grows as the jaw drops."

"In singing this space must be as wide as is possible, for that indicates that the jaw is dropped down, giving its aid to the opening at the back of the throat." Later, Madame Tetrazzini tells us that one great singer expresses it thusly: "You should have the jaw of an imbecile when emitting a tone."

As always, I was curious as to what was really happening – I supposed I meant anatomically – when I dropped my jaw, but keeping a wide space between the skull and the jaw provided a great boost to my ability to "back breathe" consistently. Already, at this stage, there was no question in my mind that everything that assisted in improved singing was simply the result of improved ability to consistently breathe in this new way because when I could do it my voice took wing.

Also, Madame Tetrazzini had given a key as to why consistency had been a problem before, that is, why any distraction seemed to disrupt my good breathing. She states: "Any kind of mental distress will cause the jaw to stiffen and will have an immediate effect upon the voice. Fear, worry, fright . . . determination – set the jaw . . . a singer's mind must control all of her feelings if it is going to control her voice." From these comments and observations on my own jaw response to various situations, I developed eventually the concept I stated previously that whatever correct breathing we might do when we're relaxed is interrupted upon the slightest hint of physical or emotional stress. Stress, as I used the word, was defined in my experience to mean distractions or anticipated occurrences of many kinds such as arising from a chair from a relaxed position. Muscular anticipation of the physical exertion involved in arising causes a tightening of the jaw and, as I came to learn later, this leads to a head, neck and torso muscular arrangement that is quite different than the one existing when the jaw is relaxed.

Incorporation of these clues and hints into my various activities seldom occurred quickly and smoothly. The sensations associated with what I came to call an "unhinged" jaw were somewhat nebulous as was ever the case with various tricks for improved breathing and singing until I came to understand the anatomical framework on which these tricks depended. So weeks went by with improving consistency in "back breathing" when I was free to concentrate on incorporating the "unhinged," or loose, jaw into my efforts to keep an expanded lower back and relaxed diaphragm area. This loose jaw sensation was a sense of elevation occurring in the back upper part, or corners, of one's mouth along above the back upper molars. Singing books referred to the importance of maintaining a slight smile, and that was the sensation associated with this elevation of the corners of one's mouth.

I found other references to the efficacy of a loose jaw. In Estelle Liebling's brief discourse on singing in her book of vocal exercises, Vocal Course, she placed much emphasis on "the lower jaw **swinging down freely**." In a book by Joan Kenley entitled Voice Power, she indicated that actor Jack Nicholson had a method of warming up his voice in which, among other things, "his jaw was slack." There were to be many more.

Later, I refer to a "slack" jaw as an undermining condition because I am referring to a jaw posture (a protruded jaw) which is pulling down on everything else. Madame

Tetrazzini speaks of the need for a "relaxed" jaw. Perhaps that is the better term. The sensation at the ears can serve as a guide. Some singers rely on the sense of "a light touch at the ears."

This was all grist for my mill. There came a day when the accumulation of all these references to the importance of a loose, relaxed jaw predominated in my thoughts as I went out to walk my hill. I thought of nothing else except "hanging" my jaw loosely and keeping an open feeling in the back of my throat and, for the first time, I experienced no moment of failure in maintaining consistent "back breathing," no moment of slipping back into the old, normal, no-longer-satisfying way of breathing. This was the day when I wrote that I accepted that "back breathing" and my sensations of a relaxed diaphragm area were both controlled by muscles from the head!

I discovered later that if I take a deep breath, even in the old way, structures in my head and throat rise. Then, if I'm breathing in the old way, everything that rose on inhalation sinks back down as I exhale. Therein lies the problem. If I keep everything in my head up as I exhale after my deep breath, then the next breath will automatically be an equally deep, or deeper, breath. The rest of my text, in essence, is an examination of what is happening when structures are down as they normally are in most of us and what is happening when they are up. The difference in effect on the body of the two ways of living are enormous.

There was constant wonderment on my part as to why my body would not choose, of its own accord, to maintain the far more satisfying, pleasant, "back breathing" method than the old established method. I assumed that muscles long used one way were very difficult to retrain, especially when one only had pieces of the puzzle.

Keeping everything in the head up is not so easy when we don't understand what the various parts are, how they interact with one another, which parts are the key players at any given time and, most importantly, what the true goal of keeping everything up is, which begins to be the issue in the following text.

During this time of emphasis on an expanded back, a relaxed diaphragm area and an "unhinged" jaw with the associated open throat sensation, I happened upon another sensation that seemed to assist in helping me do everything else I was trying to do. I wrote, "I walk my hill being conscious of my legs swinging from the pelvis as though I've settled back on my heels. In the past, when hiking in the mountains or doing a bit of running or walking, I've had hints of this better, seemingly freer way of moving, but I never knew what was going on or how to consistently achieve it. There is a sense of flowing along as a connected whole with this newer method of moving as contrasted to the more common way of moving in which it feels like the balance point of the body is up front in a tightened sternum area and one's disconnected parts move by puppet strings."

I continued, "Walking today with my lower sternum area (the upper diaphragm area) consistently relaxed, there was a real feeling that the removal of tension from this area had moved my balance point back and down so that my backbone had become my chief structural frame and all the forces on my body had united in my lower back as though that were the body's center or balance point."

For the first time I had spoken of a center or balance point and of the sensation of that point being able to exist in the sternal, breastbone area or the lower back area.

It would be another six months before I would mention the sacrum in my singing notes and, to give a description of it, would quote from a Coloring Atlas of Human Anatomy by Edwin Chin, Jr. and Marvin M. Shrewsbury: "The sacrum is a beam of bone composed of fused vertebrae that transmits forces to and from the upper and lower parts of the body." It would be yet four months later before I coined the phrase that became the crux of the matter for me at that time**:** the balance point of the body must be maintained at the sacrum, not at the sternum. [The possibility that the balance point of the body would change moment by moment throughout the year and throughout the body only came to me years later.]

Still eight months later, when I finally acquired several more comprehensive modern anatomy books, did I finally confirm in my own mind the validity of my emphasis on maintaining the body's balance point at the sacrum. This confirmation came from pictures in the fifth edition of Hollinshead's Textbook of Anatomy of Cornelius Rosse and Penelope Gaddum-Rosse showing the center of mass of the body at the sacrum. Surely that had to be the point around which all of our bodily activity should move and from which it should radiate. Much, much later I would perceive that the center of mass will vary depending on a pandora's box of variables such as the portion of the universe to which the living entity is oriented and, thus, what forces are providing its energy for functioning. However, at that time it seemed the center of mass should generally remain in the area of the sacrum unless one was engaged in the gymnastic sort of moves which could place the center of mass outside the body.

From Hollinshead, page 110	Hollinshead, page 309	Hollinshead, page 141
Vertebral column with sacrum	Spine with center of mass	Spinal curvatures

At the moment of discovery of the above pictures I had already developed the theory that the only bodily change required to effect everything I was trying to do was the ability to maintain the body's balance point at its center of mass which appeared to be most properly maintained at the sacrum. Over the next several months of living intimately with pictures and charts of the musculature and nerve pathways of the head, neck and torso I slowly put everything I had experienced into a system of bones, muscles, nerves and tissues which was simple, but complex in its number of parts, and was appearing to have a beautiful synchronicity.

My destination in the writing of this discourse has been to present this synchronous bodily system I was discovering to suggest both the efficacy of a system centered at one's center of mass, which would seem to be properly the sacrum, and the manner in which many of us permanently subvert and greatly weaken the functioning of the system.

Thus, I came to the "true" goal. In learning about structures in the head, neck and torso, the goal became to learn how to maintain, permanently and constantly, my center of balance at whatever was my proper center of mass. This is the crux of the matter, and, I will venture to say now, it is virtually impossible to achieve the center of balance at the center of mass unless certain structures of the head are performing as they should.

However, since my experience strongly suggests that muscles and body structures long used one way are very difficult to retrain, I shall resume the account of my slow path of discovery and effort toward rehabilitation.

These months of discovery were exciting and frustrating – exciting to constantly discover and experience sensations connected with various activities containing an unaccustomed comfort level and so frustrating to not be able to consistently duplicate those sensations at will. From time to time, the effort of duplication (beware!) resulted in ongoing discomforts that even went so far as to land me in the emergency room once, concerned unnecessarily that I had appendicitis. However, the compensations were so delightful when they came, and sometimes astonishing. For example, there was the night I was cutting onions with stinging, tearing eyes and I thought, "Well, back breathing won't solve this problem because we have an irritant here." However, the reminder that I was breathing in the old way caused me to revert to back expansion on exhalation so that I commenced back breathing and, lo, instantaneously, the stinging and tearing ceased. This effect was constantly duplicated in the future, and I theorized eventually that when one's body functions as it should, the sensory nerve pathways are impacted differently, or, perhaps, the immune system activates differently. So much to know! But, already, I had begun to develop the notion that along the way some of our muscles, all of which should remain relaxed and ready to respond appropriately, become chronically contracted as likely compensatory response to their counterparts having become chronically stretched out. It seemed logical that muscles intended to be generally maintained in a relaxed state but which were no longer able to do so might put pressure on nerves and other parts of the body that would produce an uncommon functioning, or malfunctioning, of those parts.

I found that I could immediately dispense with cramps in all parts of my body with switching from the old way of breathing to back breathing, which eventually I came to refer to as the switching of my center of balance / center of mass from the front diaphragm, sternum area to the lower back, sacrum area. Even the ongoing cramps associated with a severe bout of diarrhea were controllable.

I could read or write on a long journey on a bus with no motion sickness, totally impossible previously. I could pull a gallon of milk from a high shelf and let it fall until my relaxed, extended arm broke its fall, which, previously, would have assured a bout of bursitis. In walking my hill, uncomfortable pressure in my knees or on the corns on my feet, which would develop when I slipped into old ways, would disappear as I reverted to back breathing.

Then there was the day working in the raspberry patch when a bee got under the back of my shirt. Before my shirt came up for his escape, he had stung me several times in the middle of my back and pain was beginning to radiate all across my back. As I fled toward the house, I realized, suddenly, I was in the old operative mode. I shifted my center of balance to my lower back and my breathing to my lower lungs and, once again (these claims become tiresome, no doubt), instantly, the radiating pain disappeared. My husband acknowledged two stings on my back, but there was never a further moment of awareness of their having occurred. When similar episodes with wasp stings occurred, I seemed to have acquired the ability to completely localize the quite momentary discomfort to a mere spot and confine any swelling or inflammation to that spot as well.

Surely, it was inevitable that I began imagining any number of health problems which might result from the kind of malfunctioning of our systems that I was beginning to piece together**:** all kinds of allergy and asthma problems**;** back, knee and joint problems**;** menstrual

and other kinds of cramping throughout one's body**;** birthing difficulties, etc. I had spent weeks presumably learning how to breathe to control the contractions in doing natural childbirth. Now, I realized I had not been told at all how to breathe. I was almost sorry I was beyond that part of my life so that I might experience child-birthing from this deep and growing awareness of the more proper functioning of our respiratory system. Probably other parts of the child-birthing system would have worked more smoothly had it been working from a center of balance at the sacrum rather than from its maintenance at the sternum (particularly in women) where it is almost always put when the hint of physical discomfort clamps our jaw tight.

In these earlier stages of my endeavor, I continued looking for simple tricks that would trigger this new way of functioning and help keep it going. I next came upon a slim book first published in l902 by a renowned diva, Lilla Lehmann. Although one of the chapter titles, "Of the Breath and Whirling Currents," suggested that reading her book might be like reading an old book of magic potions and incantations, it was soon clear to me that it was no presumption on her part to entitle her book, <u>How To Sing</u>. It was hieroglyphical reading, yet my singing notes from this time two years ago indicate that I understood enough of her insights to have written, "I have found THE WAY – the way to perfected breathing and to control in singing and so much else!"

I condensed Lilli Lehmann's 150 pages of marvelous insights and precepts into very curious sounding advice**:** keep the pronounced vowels, or syllables, *a*, *e* and *oo* under every singing tone, which soon metamorphized into keeping *a*, *e* and *oo* behind every inhalation and exhalation. It wasn't really so very strange! It simply meant to arrange the muscles and other structures of one's head, neck, and torso in the way they are arranged when pronouncing (with a modicum of emphases) long *a*, which rhymes with *say*, and long *e*, which rhymes with *see*, and *oo*, which rhymes with *do*.

The difficulty was in the doing because, for each singing tone and each inhalation and exhalation, one needed to have everything in one's throat, mouth and nose arranged as though one were simultaneously saying *a*, *e* and *oo*. Lilli Lehmann seemed to suggest that the singer must be ever vigilant throughout a long career to create this throat, mouth and nose arrangement – she called it the "form" – for every singing tone. For me, that was an unacceptable concept since I was concluding that this arrangement permitted the correct breathing that we should be doing all the time. The simultaneous *a*, *e* and *oo* throat, mouth and nose arrangement, when done conscientiously, could produce consistent back breathing and the resultant feeling of all-over bodily comfort.

I felt like I was at the beginning again. How was I to make this permanent? How could I live my next years as I had my first fifty-five or so without having to think about my breathing but now doing it in a totally different and deeply satisfying way? I had a big gain in discovering what *a*, *e* and *oo* could do for arranging the various parts of one's body for great singing and breathing, but where were the aids in causing these various parts of the body to stay automatically arranged appropriately?

At the beginning of this discourse, I quoted from an essay to my daughter the statement that the years of clues from listening to a language of muscles and organs interacting with one another had brought me to the discovery that truly "laughter is the best medicine, for an approximation of muscle alignment during laughter from the nasal passages and head cavities down through the torso created the ideal condition for correct breathing." To come to this conclusion, I must have laughed one day while saying *a*, *e* and *oo*

simultaneously and noticed that no muscles seemed to change much in the act of laughing. Then, I'm sure I tried it the other way: first, I laughed from my old position of throat, mouth and nose arrangement, with all the usual sense of uplift and crinkling as I laughed, and, while holding this laugh configuration, I said *a, e* and *oo*. I discovered that virtually no movement occurred in my throat, mouth and nose when I did this. That was probably one of my many "WOW" days!

So, I was on to clues as to how to keep Lehmann's *a, e* and *oo* muscle, ligament, cartilage and bone arrangement in my throat, mouth and nose without having to constantly sing or hum the little ditties I'd made up which repeated Lehmann's syllables over and over. Instead, I could just laugh all the time!

At that time I had a very temperamental Volkswagen van which required much finessing of clutch release to accelerator engagement in order to prevent awful chattering and choking out of the motor. One day I had to drive it some distance to a garage. I knew I would never make it if I weren't very careful about releasing the clutch just so as I gave the motor a very particular amount of gas, in other words, I had to control and finesse my leg movements. Knowing that control of all my body had been greatly enhanced repeatedly when I was back breathing with the related sensation of being centered at the lower back, now, each time I had to slow and then accelerate again, before letting out the clutch and pressing the accelerator, I made sure my breathing apparatus was set just so using Lehmann's *a, e* and *oo,* just as she speaks of setting the form for each singing tone.

It worked like a charm! There was no chattering; the driving was very smooth and my body felt good all over. My singing notes at the time comment that that which controls fine leg movement (the Dahn system frees one for dancing!) gives great control in singing, and "it isn't nearly so complicated as Lehmann makes it." I continue in my notes**:** "All the emphasis she put on how the tongue and larynx, etc. should be positioned never spilled over into emphasis on the fact that these arrangements in the head and neck serve the real purpose of permitting what I have referred to as relaxation in the diaphragm area and easy constant expansion of the lower back from which comes the control and power for good singing tones and fine bodily movements." In other words, the arrangement of structures in the head serves the purpose of allowing the balance point of one's body to be at its center of mass.

There came a 7-8 month break after completing the above section of manuscript. At the time of taking this break, I had been poring over the anatomy books acquired six months earlier and had written copious notes detailing the various connections I was making. I decided that the writing of the remainder of this manuscript might be much more useful if I could continue writing it based on my earlier chronological "singing" notes but based also on a clearer conception of the anatomical significance of my experiences and perceptions as described in the earlier notes. Thus, I shall continue this first manuscript now after a long break in which I have a second, more technical manuscript, which I could perhaps subtitle, "A New Perception of the Functioning of Major Systems of the Body." I am able to say now that what seemed, at the end of the above text, a simple matter of maintaining one's centeredness, as has been the vague advice given in the occasional book regarding singing or exercise I've perused, is not so simple at all. The location of the body's center of mass still seemed as though it should normally be in the sacral area of the back, but centeredness was beginning to appear to be controlled from the head in ways my text will now begin to explore.

Throughout several years, I constantly had new experiences and sensations that led me to believe I would eventually find the key to maintaining the balance point of my body at my center of mass. In the end, that was what it boiled down to**:** the body constantly adjusting itself in order that its center of balance, and that point around which all functioning occurred, remained constantly at its proper center of mass. In that, I was coming to sense more and more strongly, was given strength, fluency in speech and song, agility and balance of the body in general, freedom from any number of common ailments and equanimity of mood and bodily comfort. In the maintenance of the center of balance of the body at the proper center of mass were all the structures and systems of the body freed to operate at their optimum level.

In attempting now in 2013 to edit this text - which was written more than 13 years ago - in such a way as to show the progression of relevant concepts, I am inclined to include here thoughts from a 5-21-2013 Note indicating the distance traveled in 13 years in the effort to find the key to maintaining the balance point of my body at my proper center of mass. In the Note of 5-21-2013, I wrote of the theory I'd come to that perhaps the bodies of living creatures need not be of the earth (and, by extension, have the capacity to be independent of everything but the center of the universe), but rather the earth is of the long history of living creatures. Therefore, a human being and the center of the universe might be considered to have a barycenter (the point between two objects at which they balance one another) and the center of mass of the two is out in the universe somewhere, depending on the extent to which the living organism is, or is not, directly entangled in that universe, and our functioning needs to be balanced to that barycenter, which requires our highest level of optimal functioning as brought forth in Parts 1-5 of this work.

I speculated that the baby in its crib might function most fully in the optimal way. I also developed theories that an active youngster was more likely to maintain the particular muscles which were responsible at any given moment for allowing the body to constantly adjust itself in order that its center of balance remain at its proper center of mass. These muscles needed to stay strong because, I was beginning to suspect, many of them were muscles for verticality rather than for the horizontal. It became my belief that earth gravity encouraged muscles for verticality to yield their role to muscles for the horizontal unless the former muscles had the stimulus to be utilized which was much more associated with an active physical lifestyle than with a sedentary one. I suspected that simply remaining active wouldn't necessarily achieve the goal of constant optimal functioning because there were just too many things that could go awry when there was no notion of what one's body is doing, but surely remaining active could help!

Reading my singing notes now from these several years of constant new insight toward providing the key I sought, I can see why I was constantly encouraged to keep going in spite of ongoing failure. In singing notes from early June, 1998, there are the following entries**:** "Today was another insightful day. There is some muscle way up in the top of the middle of the mouth, maybe just behind the nostrils, which is surely connected in some way to a series of other muscles extending to the lower back so that if the muscle at the nostrils is raised then back breathing, which is the support needed for singing, is permitted. Or, another way of looking at it is that perhaps air is permitted all the way to the bottom of the lungs."

I go on, "The clue to go back to the above idea of arranging the body in such a way as to permit back breathing is in Lilli Lehmann again." Then I quote a bit of Lehmann's brilliant

and hieroglyphical text, and my response to such text, which I hope now will illustrate why my path led eventually to anatomy books and to great effort to make connections. All the connections continually confirmed my early conviction that everything leading to the greatest freedom and ability in singing leads to optimal functioning in all the systems of the body.

Lehmann says, "In a musical figure I must place the lowest note in such a way that I can easily reach the highest, giving it much more head tone than any single tone would require . . . In a descending scale or figure I must, on the contrary, preserve very carefully the form taken for the highest tone, must think it higher, under no circumstances lower, but must apparently keep the same height and imagine I am striking the same tone again."

Eventually, I would interpret the above advice as meaning simply to not let the muscles of the head sag at all, but my response at that time to the above quote from Lehmann is found in the singing notes immediately following the quote: "Out walking last night I was doing what I thought was keeping the larynx lowered with *oo* and the pillars of the fauces drawn together with *e*, which resulted in my back muscles staying expanded so that back breathing automatically occurred." The pillars of the fauces were very important structures to Lehmann, but they can be referred to by the names of the muscles forming them. They are folds of tissue overlying the exceedingly important palatoglossus and palatopharyngeus muscles, which form a double arch for the opening of the mouth into the pharynx. The front fold, or arch, extends from the soft palate to the tongue and the back arch, from the soft palate to the wall of the pharynx.

To complete the relevant section from the singing notes I have been quoting, there is this final entry**:** "This morning I felt really sluggish and sore so I started working on Lehmann's Grand Scale, beginning very low and going up through three octaves. Going up, for each tone, I kept the larynx in place using *oo* and stretched the pillars with *e* more and more as I could, and it was not necessary to concern myself about breath at all. The stretching of the pillars expands the back and proper breath intake is automatic. With each descending tone, I kept a fixed larynx and stretched the pillars upward. Again, I had a method for doing something I was attempting to do that worked like a charm!"

After completing the second manuscript I mentioned above (which follows), I thought I was able to explain in some detail what an emphatic pronunciation of *e* and *oo* were doing in the head, neck and torso as I sang. Also, I thought I had become able now to delineate parts of the system not being emphasized when I concentrated on *e* and *oo,* these omitted parts probably leading to subsequent failure of my "charmed" approach on any given day.

I shall include a bit of that detail now about *e* and *oo* to indicate the direction of my efforts in writing the more technical second manuscript. There are a lot of curious names of bodily parts in the second part of my discourse, but there are pictures, and I have tried to clearly explain the many connections I've extrapolated from the pictures and limited texts of the anatomy books. As the connections expand and become ever more complex, they become more and more interesting and provocative. As an example, the activation of both the muscles I shall mention in connection with *e* and *oo* have implications for the membranes of the brain and structures in the skull. Then, one can ask the question, "What might be the implications for the functioning of the brain of these effects of the muscles of the head on the structures within the skull?"

The *e* of my notes would seem to activate, among others, the nasalis muscle of the nose, the lower portion of which can flare the nostrils to aid in air intake and gives the sensation of spread in the area from the nostrils out to the cheekbones, and the upper portion

of which would seem to close the nasal opening. The activation of either portion of the nasalis muscle is contingent on a complex arrangement of a number of other muscles, any one of which can undermine the functionality of the nasalis muscle if not kept in control. The proper functioning of the nostril-closing upper portion of the nasalis muscle is of essential importance in optimal systems of voice production and bodily use. I concluded that only the resultant closed nasal resonating chamber will provide the most accurate feedback as to sounds being produced by the vocal mechanism. This will be done through auditory tubes, whose opening, I concluded, must surely be tied to the degree to which there is a closed nasal chamber. In addition, I came to believe the body's ability to most accurately read and adjust its balance point was also contingent on its ability to easily and constantly close this chamber by means of a readily activated nasalis muscle (which will eventually be shown to usually depend on the ready activation of a series of other muscles.)

Oo, on the other hand, activates a muscle that connects along the bone at the back base of our skull which extends from ear to ear. The bone is the occipital bone, and when the occipital belly of the occipitofrontalis muscle that attaches to it is activated, it can shift upward the occipital bone and a large number of muscles that attach to it. As an example, two of the muscles directly affected by this upward shift of the occipital bone are the digastric muscle and the sternocleidomastoid muscle, which is the big one frequently visible running from behind the ears down the side of the neck to the top of the clavicle and the sternum, or breastbone. Above, these attach to protuberances of the occipital bone just behind the ears, the mastoid processes, and these processes play a major role in the positioning of the sternum and its attached ribs, the sternocleidomastoid directly and the digastric through its connection to the small bone, the hyoid bone, that floats in the area just behind the juncture of the chin with the neck.

In speaking previously of keeping my larynx in place and stretching the pillars of the fauces while walking and while singing, what I was actually doing, in part, was activating my nasalis and occipitofrontalis muscles. Then, through using *e*, my nostrils flared preparatory to being able to close easily as well as to open cavities in my nose and assist in the ease of activation of what I called the front skull muscle, the so very important frontal belly of the occipitofrontalis muscle, which, along with the occipital belly from the back, insert into the epicranial aponeurosis extending over the top of the skull. Through *oo*, the activation of the back skull muscle, the occipital belly, served to properly arrange my sternum and ribs to free the abdominal portion of my lungs and diaphragm to function as they should.

The sensations of holding something in place in the area of my larynx, or voice box, and then of upward stretch from there up through my throat and nose were valid sensations for achieving the eventual goal of maintaining one's center of balance at the center of mass. However, essential portions of the system were not yet activated. I was able to declare the pronunciation of these two syllables, *e* and *oo*, to be all that was needed for back breathing because there was a relaxed sensation in my diaphragm area due to the abdominal sections of my lungs and diaphragm being able to function properly. Also, since these arrangements of *e* and *oo* served to activate to some degree all the muscles of verticality in the upper portion of the head because of the general uplift of structures, I was carried part-way to the eventual optimal arrangements and, thus, to a degree of back breathing. No doubt, at that time, I experienced this as the full ability to breathe in this new way. After a time I came to recognize that the degree to which I could back breathe usually seemed to correlate with the degree to which I was keeping the muscles of my head arranged in such a way as to maintain

what I, for quite a long time, referred to as my fulcrum, or balance point, in the lower back in the sacral area. Eventually, I thought I could experience the sensation of a fulcrum split between my sternum and my sacrum and breath going to several parts of my lungs or, primarily, to one or the other part, depending on which muscles in my head were voluntarily manipulated.

Eventually I would have to determine whether my notion of the fulcrum of the body, as the body's changing balance point around which all activity occurred, could have any validity in the situation of that fulcrum point necessarily ranging throughout the body and often settling on some tiny bone in the little toe or in the ear. Finally, accepting that a living organism is intricately entangled with the universe, at different levels of remove, I arrived at a concept from which I would work that each organism serves as a pendulum part or a pendulum itself in a universe composed of pendulums. What I had referred to for a long time as the fulcrum or balance point of the body became the Center (referred to in this book as a Bob C) of any body serving as a Pendulum Bob hooked in at the body's Crista Galli or it became (part of) the Bob for a Pendulum swinging from the Crista Galli serving as the pivot for what is now the body as a Pendulum rather than a Pendulum Bob. There is implied an enormous difference in whether the body serves as a Pendulum Bob or as a Pendulum. As a Pendulum Bob hooked at the Cristi Galli, the implication is that the body is directly entangled in what I came to think of as the universe flow (actually the gravitational flow) and must constantly alter itself to accord with the flow. In contrast, when the body is serving as a Pendulum pivoting from the Cristi Galli, then it happens that there is lost the possibility of a constantly accommodating fulcrum giving accordance of the entire Bob to the gravitational flow with this loss allowing gravity to flow on leaving pendulums answering (in part) to other forces than gravity and thus requiring alterations within the pendulums based on the needs of the other forces. Since my sense of the orderliness of the universe leads me to speculate that there must be a map back to the gravitational flow, then I conclude that the other forces have directions built into them which must be observed within a body as pendulum - a body which had originally developed its parts based on itself as a Bob hooked into the gravitational flow - causing there to be the snipping-and-accreting wear and tear always attributed to what seems to be the inevitable friction of movement. I came to think of this situation as one in which living creatures always developed within themselves some preferred stationary fulcrum as regards the universe flow, adjusting their body parts to this fulcrum, rather than the living creatures having ever yet figured out how to let their bodies change to accord with the constant universe change and move along in the universe flow. In this interpretation of the body's balance point, the body can be balanced to a range of frameworks as large or as small as necessary, its existence as a body for as long or short a time as necessary. Also, I would note that experience tells me all muscles can be manipulated to allow any variety of functioning combinations of the many parts of the body. (The majority of the above paragraph was edited to its present state on 1-24-2016)

Had I stopped my inquiries at the point of relying on sensations associated with *e* and *oo*, many of the benefits of the system to which I aspired would have never come.

For Lilli Lehmann, the pronunciation of *a* formed the essential position of the tongue and other parts of the vocal tract for the very reason that it does most effectively fix the larynx and raise the pillars. *E* and *oo* are just helpers.

It is quite possible to isolate out and manipulate, together or individually, the main muscles affected by the pronunciation of *e* and *oo*, the nasalis muscle and the two bellies of the occipitofrontalis muscle. In this way the sternum and ribs can be elevated and the abdominal portion of the lungs and diaphragm will be able to function somewhat normally as the occipitofrontalis muscle is properly arranged, and all those arrangements associated with manipulating the nasalis muscle will occur. However, several other very important muscles will not necessarily be rearranged from their compromised circumstances and, thus, will certainly not exist in a readily manipulable state. These are the muscles associated with the pronunciation of an emphatic *a*. In particular, they are the temporalis and the levator veli palatini muscles. It is the latter one, the levator veli palatini (its fibers instrumental in forming the back central part of the soft palate in front of the uvula) which is so instrumental in holding steady the larynx and stretching out the throat by means of the pillars of the fauces. (The companion muscle to the front of the soft palate, the tensor veli palatine, plays a role also, but it will be aided in its arrangement if the frontal belly of the occipitofrontalis muscle is serving as it should.) However, the work of the levator veli palatini muscle, and of the occipitofrontalis and nasalis muscles, will be constantly undermined if it is not aided by strong action of the temporalis muscle. I believe it was the failure to make this connection that led Lilli Lehmann to emphasize the need for the singer (and, I maintain, anyone who wants to breathe and function optimally) to be ever conscious of recreating the "form."

The temporalis is the last of what I have called the skull muscles. In pronouncing *a*, the initial tightening of this muscle can be felt over the ears. It covers the sides of the skull above the ears. It hooks in all along the side edge of the same sheet-like tendon covering the top of the head that the two bellies of the occipitofrontalis muscle hook into at the back and front of the skull. So the flattened tendon-like membrane covering the top of the head, called the epicranial, or galea, aponeurosis, converts into contractible muscle at its back, front and sides. It is the loss of tone in these muscles and their constant existence with varying levels of downward pull on them which I believe lead to many of the ills and deficiencies in bodily functioning which afflict humans.

Slowly, slowly, I came to comprehend that the real role of *a, e and oo* was to free up these muscles which circle the top of the skull that they might do what they need to do. When the appropriate tone is maintained in these muscles that they are readily responsive and manipulable as they need to be, then the vocal mechanism and all the other systems of the body will function in a much more optimal state.

Lehmann emphasized *a,* in particular, but among her chapters on the nose, the mouth, the tongue, the palate and the lips, there is no chapter on the jaw. This was perhaps the oversight that undermined the remainder of her brilliant insights. She gives us a clue to a remedy but no explanation of the illness to help us in understanding the importance of developing the several parts of her remedy. Madame Tetrazzini had understood the illness, the jaw.

Lehmann's *a* can activate the temporalis muscle. In Clemente's Anatomy, it is said that the action of the temporalis muscle "elevates [the] mandible and closes the jaw, [while the] posterior fibers retract the mandible." The following picture shows the direct connection of the large temporalis muscle to the heavy mandible.

See Plate 48, Atlas of Human Anatomy, Second Edition (1997),
Frank H. Netter, M.D.

As will be examined in some detail in Manuscript II, even a slightly clenched jaw can play havoc with all of the muscles of verticality of the head. Clenching leads to protruding, and it is the side to side protrusion of the jaw that is involved in chewing. Chewing pulls in all the muscles of the horizontal controlling the cheeks and the lips, which normally results, unless those muscles of verticality of the head have good tone to resist, in downward drag on the muscles of the head, the occipitofrontalis, temporalis, nasalis and so many more. This has an enormous effect on the entire vertebral column and, thus, every part of the body.

When the jaw is slack, or clenches even slightly, the muscles of the horizontal, which are particularly associated with chewing and swallowing, are immediately affected by having to engage in unbalanced contraction. Many of the muscles, then, which are essential in maintaining an upright pelvis and our fulcrum at our center of mass, are pulled into the mastication (chewing) and deglutition (swallowing) systems.

The activation of the other really important muscle that occurs in the pronunciation of *a* provides an example of the inter-connections of the muscle actions. As said, an active, or emphatic, pronunciation of *a* has an effect on the big muscle on the side of the skull, the temporalis, an effect which surely shifts upward the temporal bone. To the inferior surface of the temporal bone there is attached the other essential muscle activated by *a*, the levator veli palatini. When this muscle is pulled up, or when it voluntarily contracts, it lifts the soft palate in the back top of the mouth. When the soft palate lifts, two very important muscles go up with it, one that raises the back of the tongue, the palatoglossus, and one that raises the walls of the throat or pharynx, as well as the back of the thyroid cartilage, which is a major structure of the larynx or voice box. This latter muscle, coming from the soft palate, is the palatopharyngeus.

The result of contracting the levator veli palatini muscle, thus elevating the soft palate and the walls of the pharynx and the back of the thyroid cartilage, is that one has taken a somewhat different route to elevating the sternum and ribs than in contracting the occipitofrontalis muscle, but one has added on the enormous benefit of closing off the esophagus. Then, none of the inhaled breath can escape down this direct pathway to the stomach (see Manuscript II). I would suggest that many gastric problems might be eliminated by this measure. As well, there is no pressure of air in the stomach to compromise the ability of the diaphragm to control breath emission.

There follow relations of various parts of the body involved in the singing/speaking voice and some mention of the relevance of my derived major manners of producing speech and song to our different manners of breathing and functioning throughout the body. I have attempted to edit the preceding paragraphs to achieve the degree of accuracy of which I am capable. However, I shall leave the following paragraphs without the editing I am attempting at this time (January, 2016) with the hope there is a fair quantity of accuracy and that there will be those who will find my efforts to understand of sufficient merit as to provide any further needed editing.

It is the contraction of the levator veli palatini muscle (through using *a*), and the resultant contracting of the palatopharyngeus muscle, that serves to keep the "lowered larynx" so often mentioned by singers. For those wishing to do stratospheric singing with no harmful pressure on their vocal cords, it becomes essential that there be maintained a strong contraction of the palatopharyngeus muscle in order that the end result of its action, a firmly

tilted cricoid cartilage, be maintained. It is the play of the thyroid and arytenoid cartilages to a firmly controlled cricoid cartilage that permits freedom in singing. There is more detailed explanation of the functioning of all these parts in relation to one another, and the roles of the muscles controlling them, as I came to understand them, in Manuscript II.

The relationship of the positions created by the contraction of various muscles is quite complex, but as I wended my way through Manuscript II, they fell into patterns. Toward the end of Manuscript II there will be described three different manners of voice production based on three major surfaces that reflect the column of air coming from the vocal cords to produce vowel sounds, the hard palate, the epiglottis and the basilar part of the occipital bone. Mostly, I believe we use the hard palate reflecting surface which results in speech and song being produced in the front of the mouth. Hard palate speech/song is virtually assured in clavicular breathing because the epiglottis will be pulled forward out of the way of the column of air in the arrangement of structures normally associated with the upright thyroid and cricoid cartilages that leads to clavicular breathing. Then, even when some of us do what is necessary to maintain a degree of tilt in the thyroid and cricoid cartilages (probably by means of contracting the thyrohyoid muscle) to close off our esophagus and provide enough elevation of the sternum and ribs to activate the diaphragm to push the abdominal viscera out of the way enough to permit abdominal breathing, we still use hard palate speech and song. Unless we activate the muscles that maintain the epiglottis over the opening into the larynx (the aditus), primarily by means of an arrangement of structures to elevate the back of the tongue and pull back the jaw so that the pulling back of the hyoid bone is sufficient to free the epiglottis to lower over the aditus, then the epiglottis will tilt forward, as the thyroid cartilage tilts, out of the way of the column of air coming from the vocal cords and the column will continue to reflect off the hard palate to give us speech/song still at the front of the mouth.

I determined that a strong pronunciation of *a* would elevate the back of the tongue, simultaneously pulling back the jaw and the hyoid bone. In this way, the epiglottis would tilt over the larynx to become the reflecting vowel-producing surface for the column of air, and the raised back of the tongue with the simultaneously raised soft palate, which closes off the nasal cavities, would create the resonating chamber for an epiglottic manner of voice production. Speech and song will, then, no longer be produced at the front of the mouth; its production can be felt in the area of the larynx and its resonance is felt in the part of the throat or pharynx behind the mouth and tongue (the oropharynx as well as the larynxgopharynx.)

By singing using this “form” produced by *a* that Lehmann emphasized, the singer will have the greater breath power and control over breath emission associated with abdominal, diaphragmatic breathing, as well as a mechanism activated for shortening and lengthening the vocal cords so that breath pressure alone is not the source of their vibrations. However, as explained in Manuscript II, more breath power is needed for the highest tones than is provided by abdominal breathing. The use of *e*, in particular - but always in conjunction with *a* and *oo* if one is not to destroy the vocal cords because of breath pressure alone vibrating open, slack cords - will convert the epiglottic manner of voice production to the manner in which the column of air from the vocal cords will reflect itself from the basilar part of the occipital bone far up in the back of the nose. Associated with this manner will be a much greater ability to shorten and control the vocal cords as well as the additional power of breath, and control of breath emission, provided by the use of the bottom back sections of the lungs and the posterior lumbar and crura portion of the diaphragm.

These matters having to do with voice production are important because the three major manners of producing speech and song that I derive and describe can be correlated very nicely with our three different manners of breathing and functioning throughout the body that involve primarily the upper, clavicular sections of the lung, the abdominal sections or the lower back sections. In the end, I thought that I could actually engage in twelve different, distinct manners of breathing and functioning based on whether the breathing was clavicular, abdominal or back breathing, whether each of these was diaphragmatic or non-diaphragmatic, and finally whether each of the above six manners were done with the fulcrum of my body maintained in the area of the sternum or of the sacrum. Of course, there were any number of combinations of these twelve manners so that the spectrum of our breathing and general functioning at any given moment is continuous throughout the twelve manners I isolated.

That said, I determined that we mainly breathe and move and function in one of two ways either using the upper, clavicular sections of our lungs, with the diaphragm virtually uninvolved and the fulcrum of our body firmly established at our sternum, or, we breathe using the front, abdominal sections of our lungs chiefly, with the front, costal portion of our diaphragm activated and the fulcrum of our body maintained mostly at our sternum but, perhaps sometimes, with the fulcrum in a varying split between the sternum and the sacrum. The third, most optimal, manner of breathing and moving, I believe, can, and often does, play a small role in our normal breathing and, intermittently, under special circumstances, will assume a larger role, but it is largely lost to many of us much of the time. It will be strongly activated for a while, perhaps, if we are doing relaxed running or other pleasurable, physical activity. Greater activation probably also occurs when we are in a generally pleasant period of our day or life when the muscles of verticality of our face and head have no downward drag on them (principally from the jaw that responds so readily to our slightest concern) to hinder them from remaining in a relaxed, easily contractible state. I continue now in pursuit of this third, most optimal, manner of breathing and moving with further reference to matters having to do with insights regarding the optimal circumstances for the singing voice.

Lehmann's *a*, *e* and *oo* almost activated all the necessary muscles to produce an optimally functioning body, but the real key was still lacking. After finding Lehmann's book and endeavoring to follow her advice as best I could, my search continued because I did not experience consistent success in optimal singing and breathing based purely on the system of muscles activated by the pronunciations of her syllables. She did not give sufficient warning of the constant threat of the jaw so that I would be mindful enough of its constant under-mining effect. Also, her syllable *e* would only carry me part-way toward the two parts of what seemed the final destination. She provides direction to this final destination and the final key in the guise of the use of "singing toward the nose" in her brief chapter on nasal singing. However, I only understood the significance of her advice in this chapter after I thought I had figured out more of the system and written Manuscript II.

A few weeks after the quoted singing notes of early June, 1998, I was writing that the success of being able to back breathe, keep a relaxed sternum and sing well using *a*, *e* and *oo* positioning was coming and going. Also, I was having some minor physical problems that I suspected resulted from my body's constant confusion about which way it would be functioning and breathing at any given time. I had the occasional disconcerting sensation that my breathing mechanism was too confused to know how to breathe at all any more. I acknowledged one day that I must actively remember to continue breathing regularly in some way or the other during those periods when I was trying to switch from the old way to the new

way. The sensations associated with the old and the new were so different! The old sensations didn't feel comfortable anymore and, because the new ones were so unfamiliar, they initially never seemed right. One tended to quit breathing altogether!

Quite unexpectedly, another helpful occurrence came my way while sleeping fitfully on a sofa during a visit to a relative later in the summer of 1998. At the numerous awakenings from my light sleep, the word, *now*, seemed to be on my tongue, and, at each awakening, there was the vague thought that this word, *now*, from out of the blue, was the secret word to the proper breathing I was trying to do during each wakeful period.

The next day I wrote that I wondered from where this word came because I was in a period of having good results in back breathing by maintaining my muscles in the *oo* and *a* positions, and I wasn't really looking for anything else just then. Besides, I was supposed to be on vacation. However, I recognized immediately that the use of an emphasized pronunciation of the word, *now*, seemed to arrange all the muscles and structures in the head appropriately all by itself. I did seem to still need the constant pronunciation of *a* to maintain the appropriate sensation in the area of my larynx, which was, I assumed, the position of a lowered larynx. To be continued . . .

Note from early January, 2016: the above Manuscript (I) continued by segueing into the later chapters of Manuscript II.

All that which appears in Part 6 of this book might be considered fodder for that which appears in Parts 1-5. In Part 6 / Manuscript I above I have spoken of various ways of breathing and breath destinations having to do with lung segments. Much later I would begin discovering what a lot of other breath destinations there could be and the enormous relevance of these to manners of functioning of our bodies of which we seem to know nothing, which became the subject of Parts 1-5 of this book.

This final paragraph which follows was based on material in Manuscript I between the paragraphs about e and oo when I first discuss the nasalis and occipitofrontalis muscles:

In those paragraphs about e *and* oo, *I moved toward a statement to the effect that the key which I sought to the optimal functioning system of the body probably would be contingent on the body's ability to accurately read and adjust its balance point by means of its ability to easily and constantly close its nasal resonating chamber with a concomitant opening of the Eustacean tubes. Even though a summary of the system which might include this key, a system toward which I worked my way in Manuscript II following this one, will refer to muscles and other structures not yet mentioned here, I'll present it now as a kind of directional map to what comes next, to wit: A maximally, properly activated tensor veli palatini muscle will open the auditory tubes while closing the nostrils as well as tauten the posterior longitudinal ligament to pull up and back the sacrum to eliminate posterior pressure on the spine toward extension. Because of these arrangements, the basilar part of the occipital bone will have freedom to manipulate the anterior longitudinal ligament for continual adjustment of the sacrum based on what the bony/membranous labyrinth of the ear (because of opened auditory tubes and closed nostrils) is telling it in regard to where the center of mass is and, thus, where the center of balance should be. At the same time, the basilar part of the occipital bone has freedom to adjust the vocal mechanism by means of the pharyngeal raphe based on what the cochlea of the ear is transmitting to the brain as to which sounds have just been produced so the brain knows to adjust the basilar part to appropriately manipulate the vocal cords and breathing mechanism to produce the next appropriate sound.*

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Possibly for anatomical drawings
depicting bodily structures
having to do with
Exit route chambers.

PART 6 - Manuscript II - Later Musings with Anatomy Books

(1) Sacrum, Lungs, Larynx, Breathing, the 4 Dimensions

The question of where to begin to form for myself an easy to follow description of a properly functioning system of muscles, tendons, ligaments, cartilages and bones throughout the head, neck and torso as I have come to understand it has centered itself on that structure at what would seem to be the center of mass of our body, the sacrum. The sacrum is the set of five fused vertebrae, which, with the coccyx (tailbone) below it and the five lumbar vertebrae above it, forms the bottom portion of the spinal column.

Vertebral column with sacrum, Plate 142, 2nd Edition, Atlas of Human Anatomy by Frank H. Netter, M.D.

Spine with center of mass, Page 309 Hollinshead's Textbook of Anatomy

The weight of the entire upper body bears down on the sacrum. A statement in the fifth edition of Hollinshead's Textbook of Anatomy of Cornelius Rosse and Penelope Gaddum-Rosse (page 313) both makes reference to this weight and provides a point of departure for determining the most efficient synchronous functioning of our skeletal/muscular system**:** " . . . the weight transmitted to the first sacral vertebra tends to force the sacrum downward and forward, causing its lower end to rotate upward and backward."

Since our body is a complex, connected system of mostly pliable material (unlike a machine made of unyielding metals), it appears obvious that there must be continuous adjustments of the pliable materials to one another.

The sacrum with which we are starting this discourse is a part of what is referred to as the bony pelvis. This includes the sacrum and the two coxal or hipbones to which the sacrum is connected by strong ligaments. The coxal or hipbones extend down from their crests, which we feel at our sides, through the pubic bones across the front of us in the groin and through the more posterior parts of the hipbones on which we sit, the ishial tuberosities. Following are front, back and side views.

Bony pelvis with sacrum and ligaments, Plates 330-332 and 231
Atlas of Human Anatomy by Frank H. Netter, M.D., 2nd Edition

There was excitement in understanding that the whole bony pelvis could tilt this way and that within the larger framework of the body. There is a proper orientation for it, but it can take and maintain other orientations. In the Hollinshead text associated with the first of the two pictures below, there is discussion of pelvic dips to one side or the other and of anterior and posterior tilts of the pelvis. It is stated: "Such tilts are effectively camouflaged by compensatory spinal curvatures." The second picture depicts some of the effects of a tilting pelvis on spinal curvature.

Orientation of the bony pelvis, Page 314 Hollinshead's Textbook of Anatomy

Variations in posture & spinal curvature, Page 141 Hollinshead's Textbook of Anatomy

As shown, if the sacrum, this structure at the possible center of mass of our body was being forced into an improper rotation by the weight of the body above it for reasons to be considered later, then there must be compensation taking place in the spinal column connected from above to the sacrum.

At this point I believed I would be able to come to understand possible effects of tilts and improper orientations of the bony pelvis, with the resulting spinal curvature, on our breathing, for I had begun studying the lungs. It was soon clear that the lung in each side of our chest, or thoracic cavity, is not just a single big sack to fill up with air. Each of the two lungs has several lobes, and the lobes are segmented in such a way that each lung has ten segments which are referred to as bronchopulmonary segments (with two instances of combination of segments in the left lung). Each of these segments has its own bronchial tube conveying air in and out of it as well as its own pulmonary artery, which conveys blood to and from each segment for oxygen and carbon dioxide exchange.

Bronchopulmonary segments, Plate 188 - Segmental bronchi, Plate 191
Atlas of Human Anatomy by Frank H. Netter, M.D., 2nd Edition

In books on varied subjects such as singing, respiration and exercise, several ways of breathing are named, three common ones being high-chest or clavicular breathing, abdominal breathing and diaphragmatic breathing.

As one is looking at the segments of the lungs, it is not hard to accept that a person could breathe in such a way as to utilize only a portion of the segments. This happens in high-chest or clavicular breathing. Only the top, or portions of the top, segments of the lungs receive air directly. (There are theories about diffusion.)

There will be reference to the development of this manner of breathing in the discussion of diaphragmatic breathing.

A second manner of breathing, abdominal breathing, allows air into the lower front segments of the lungs. Situations for this type of breathing will also be discussed in connection with diaphragmatic breathing.

To the above I shall add yet another manner of breathing, back breathing. A few of the more recent books found have made brief reference to this term. In back breathing it is my conviction that air is finally permitted to fill the back and lower segments of the lungs for a complete aeration of the lungs. Michael G. Levitzky states in his book, Pulmonary Physiology (p. 77), "Although it is reasonable to assume that the alveolar ventilation is distributed fairly evenly to alveoli throughout the lungs, this is not the case. Studies performed on normal subjects seated upright have shown that alveoli in the lower regions of the lungs receive more ventilation per unit volume than do those in the upper regions of the lung." Alveoli are the air sacs in the lungs in which gas exchange of oxygen and carbon dioxide occurs. The author continues, "If a similar study is done on a subject lying on his or her left side . . . regions of the lung lower with respect to gravity [are] relatively better ventilated than those regions above them . . ." Explanations given for these regional differences in lung ventilation appear in Chapter 3, Alveolar Ventilation, of Levitzky's book and in Chapter 7, Mechanics of Breathing, in another helpful book of John B. West, Respiratory Physiology. The perceptions I have formed of our several manners of breathing might suggest alternate explanations as to the reasons for the effects of gravity and intrapleural pressure affecting regions of the lung differently, but the conclusions would seem to be the same. The lower regions of the lung both expand more readily on inhalation and expel a larger portion of the inspired air on exhalation than the upper regions, resulting in better aeration of the lower regions.

In considering these ways of breathing in greater detail, I shall first make reference to this last, most complete manner of breathing, back breathing, which I believe we use the least. To

explain what prevents us from back breathing, there shall need to be eventually much consideration of the sacrum and compensatory spinal curvature and the relationship of these to the use of the lungs, the larynx and ultimately the entire body. To begin to make the connections, it can be seen to what extent the lungs are flush up against the ribs in the back and front by looking at Figure 166 and 167 on Plate 103 of Carmine D. Clemente's Anatomy, 4th Edition (confirmed in Figure 168 in looking at the cross section of the body in the area of the fourth thoracic vertebra). The lungs pretty much fill all but the center portion of the bony cage formed by the vertebrae and their ribs down through the seventh or eighth rib.

Lung projections on thoracic wall, Figures 166-7 - Cross section of thorax, Figure 168, Plate 103
Anatomy by Carmine D. Clemente, 4th Edition

If forces on the sacrum at the bottom of the vertebral column cause it to tilt in such a way as to diminish the area available to the lower segments of the lungs into which to expand, then these segments would not be easily available for filling with air.

Later there will be much discussion of the use of our bodies which allows or prevents the tilting of the sacrum to alter the curvature of the vertebral column to cause compression of the space available to the lungs, which can hinder back breathing as well as abdominal breathing. However, now I will return to another of the frequently mentioned patterns of breathing, diaphragmatic breathing. This is a different kind of breathing than clavicular, abdominal or back breathing. These latter three are only names for the areas of the lungs that inflate. Diaphragmatic breathing has to do with whether, or the degree to which, the large diaphragm muscle that surrounds and encloses much of the abdominal viscera (stomach, liver, etc.), on the top of which the lungs sit, is activated in each breath cycle to descend and compress the abdominal viscera in order to make room for the various segments of the lungs to fill with air.

In singing books any discussion of the diaphragm must share billing with the larynx through the rather non-delineated connection of breath through the larynx being controlled by the diaphragm. I shall take a more delineated view now to make that connection so substantial as to require a lengthy digression into considering the larynx.

This structure which we call our voice box, the larynx, is that part of our body with the Adam's apple protuberance we can feel in the middle front of our neck. In singing books there is often mention of the need "to keep one's larynx down" as a significant aid to the singing voice. I had come to suspect that a good singing voice was involved with preferred manners of breathing. Since good breathing had come to imply a more properly functioning system overall, then it seemed worthwhile to pursue the matter of "keeping one's larynx down."

It took quite a long time to determine what was meant by the advice contained in the phrase "keep one's larynx down." First, one had to become aware of the ability to manipulate the arrangement of the structures in one's throat and begin developing some idea of the different effect of the different arrangements on one's breathing, singing and other activities. Then, one had to determine what these structures were and try to determine how they functioned normally and if there were other, more efficient ways of functioning.

For me, the different than normal arrangement I could create in my throat seemed to carry the sensation of backward movement of some part of my throat with a hint of upward movement at the very back of it. Over time, I recognized the sensation of other areas of my body adjusting when I altered the normal arrangement in my throat, such as tightening down low in the front in the pubic area and/or tightening in the buttocks area, as well as different sensations in various

upper portions of my throat, my jaw, nose and in front of my ears. Eventually, I hoped to find explanations for these various effects but meanwhile deciphering the implications of the movements of the larynx remained my goal.

A portion of the importance of the larynx was found in a description of the mechanism of swallowing which involved a part of our food conveyor belt, the pharynx and its muscles.

In a chapter on the gastrointestinal tract from the book, Human Physiology and Mechanisms of Disease, by Arthur C. Guyton, M.D., it is stated that the "entire pharyngeal stage of swallowing occurs in less than one to two seconds, thereby interrupting respiration for only a fraction of a usual respiratory cycle. The swallowing center specifically inhibits the respiratory center of the medulla during this time, halting respiration at any point in its cycle to allow swallowing to proceed. Yet even while a person is talking, swallowing interrupts respiration for such a short time that it is hardly noticeable."

This statement raised the question in my mind of what part of our body "receives the message" to halt respiration because swallowing is occurring. Could the diaphragm receive such messages? Since my reading of the information then at hand connected the descent of the diaphragm with a pressure change in the thorax which caused the lungs to pull in air, would the diaphragm be the structure which halts its action in order to halt respiration while swallowing occurs? And how would this messaging to halt be handled? There was the question, too, regarding manners of breathing in which the diaphragm seemed little involved, as to the mechanism in that situation for halting breathing during swallowing. I considered that a determination of how respiration is halted might be a thread unraveling the workings of the respiratory system in general. However, I would continue with my exploration of the larynx.

As time went by, I became quite dissatisfied with the unavoidable vagueness of references to such concepts as the "swallowing center" and the "respiratory center." These concepts are unavoidable if anything is to be explained and written about before everything is known, but I often felt I would never finish this discourse because I wanted to know everything before I tried to comment on anything in order that there be no vagueness.

In the chapter on the gastrointestinal tract quoted above it is also stated that one of the automatic occurrences during swallowing is that the larynx (our voice box) is pulled upward and forward by the neck muscles.

Remembering that many singers stress the importance of keeping the larynx down during singing as though that were something we didn't normally do, I was perplexed by a physiology book telling me that my larynx came up during swallowing. If it only comes up during swallowing, then why is it not down the rest of the time? So, I sat and swallowed for a while and thought, "OK, it seems possible that my larynx could be moving up more at the actual moment of swallowing, but then what is this new feeling I have in my throat of being able to move back something that seems to be associated with my larynx?"

Slowly, I developed the theory that maybe over time, or with certain kinds of life-styles even in the young, the muscles which hold the larynx in what would seem to be the really good position for ease in singing- and presumably our best breathing - are compromised in some way, and the larynx develops a permanent resting position that is partially a swallowing position. I began wondering if perhaps the esophagus down which our food goes never closes off entirely as it would seem it should when we breathe and if, therefore, part of the air we breathe goes down our esophagus. It seemed a far-fetched idea until one day I read at the very end of Hollinshead's

Textbook of Anatomy, in a discussion of the larynx and of ways to produce speech beyond the normal use of the vocal cords, "Also, after the larynx has been removed, as it may have to be for carcinoma, a patient may produce a certain amount of intelligible sound by learning to govern the escape of swallowed air from the stomach and esophagus."

With this confirmation, along with several others which appeared in rapid succession, that our esophagus serves as an air passageway, I spent more time experimenting with breathing in my normal way and in newly discovered ways to try to determine where the air went. I discovered that if I swallowed and then breathed in the normal way, the air seemed to take the same path as whatever I swallowed. However, if I could do what seemed to be "lower my larynx" effectively and then, breathe, the air seemed to follow a different path more to the front of me. Also, when I breathed in the normal way I had the sensation of expansion only on the left of my front mid-line slightly above the navel whereas a "lowered larynx" breath gave the sensation of expansion on both sides of the mid-line. It was time to pore over the anatomy books again to discover, in pictures, that the stomach appears to be chiefly on the left of the mid-line in, or slightly above, the navel line and to read text stating that some five/sixth of the stomach is to the left of our mid-lines. I read, also, that the two lungs sit right on top of the thin muscular wall of the diaphragm that covers over the top of the stomach.

It seemed logical to conclude (the theory fit so well with other parts of the several systems of breathing I was developing) that one way of breathing involves a position of the larynx which leaves open the esophagus so breath could go down it, if there were a mechanism to allow or cause this to happen, whereas the "lowered larynx" position sends the air forward down the trachea into the abdominal segments of the two lungs.

At this point there had not yet been any investigation into the actual structures in the throat, into what parts make up the larynx and the pharynx and into what their actions are. What are the larynx, pharynx, trachea and esophagus and their relationship to one another?

Larynx, Plate 71-75 / Pharynx, Plate 62, 59 / Pharynx (Naso-, Oro-, Laryngo-), Trachea, etc. Plate 57
Atlas of Human Anatomy by Frank H. Netter, M.D., 2nd Edition
Also, or (Plates with text): Larynx, Plate 558-563 / Pharynx with Oral Cavity, Plate 549
Anatomy by Carmine D. Clemente, 4th Edition

From the pictures one can see the larynx is made up of several cartilages, the thyroid, the cricoid, the paired arytenoid, the paired corniculate, the paired cuneiform and the epiglottis. Above these cartilages is the important hyoid bone, which will come into play later, and, below, are the supporting cartilages of the trachea or windpipe. Connected to the cartilages of the larynx are the vocal cords and the number of muscles and ligaments that control their different parts. In several of the pictures one can see the close relationship between the larynx (voice box) and trachea (windpipe) and the esophagus behind the trachea. In Netter's Plate 57 and Clemente's Plate 549 one can see how the larynx, trachea and esophagus relate to the pharynx. The pharynx is the open space behind the nose, the mouth and the larynx. Relevant names divide this space into the nasopharynx, the oropharynx and the laryngopharynx. The laryngopharynx runs behind the broad opening into the larynx. Behind and at the bottom of this opening into the larynx, the pharynx narrows to become the esophagus, the continuation of the food conveyor belt to the stomach. The muscular front wall of the esophagus appears to be the back wall of the trachea, which is the tube below the larynx that conveys air to the lungs. But how was the identifying and relating of all these parts of the larynx going to play into my journey toward understanding the larger connections?

In attempting to edit my writings of the past 15-20 years to trace the path of my discoveries, I come today (2-25-2016) to this place in Manuscript II in which it has become necessary to re-visit my effort so long ago to decipher the implications of various movements I felt then of body parts as I manipulated one part or another of structures in my larynx.

The present effort is bringing much clarity in this same period in which my day by day program of pursuing alterations to myself in keeping with all that which I believe I have discovered is also bringing ever greater clarity.

In manipulating parts of my larynx once again from the base now of the day by day program I have developed for constantly altering my body toward balance to what I strongly suspect is a gravitational flow - back toward ever greater organization - in order that I be able to be confident my writing concerning the larynx is accurate, I have found deeper layers of connection.

The body has sesamoid bones, seven being named. Sesamoids are said to be small bones (like sesamoid seeds) embedded within a tendon or a muscle to "act like pulleys, providing a smooth surface for tendons to slide over increasing the tendon's ability to transmit muscular forces." They are said to often form in response to strain.

Three of the seven named sesamoids are the last three bony structures ending my Periodic Table of Elements / Correlated Human Body Structures with Element numbers 172-174. They are Element 172 - Mc Ss 2, a single small round bone palm-side at the bottom of the index finger, then Element 173 - Mc Ss 1, a set of two small round bones palm-side at the bottom of the thumb and lastly, Element 174 - Mt Ss 1, a set of two small round bones plantar-side just above the big toe joint with the foot.

I have long sensed that the first of the four bony structures ending my Periodic Table, that is, lumber vertebra 5 ***(L5****, corresponding to Element 171****), has a similar pivotal role to the others. I have only recently read of the other named sesamoids besides* ***Mc Ss 2, Mc Ss 1 and Mt Ss 1****, described above. They are the* ***pisiform****, a small round bone palm-side at the wrist above the little finger****;*** *the lenticular process of the* ***incus****, a structure of the ear****;*** *the* ***hyoid****, curving well back behind the chin above the larynx and somewhat parallel to the backward sweep of both****;*** *and the* ***patella****, or kneecap.*

I write of these now because only now do I begin to more accurately see the enormity of their role in our body. ***I propose they are the arbiters of our bodies' ability to function in the four different dimensions: time, down/up, right/left, front/back. And only now do I realize that L5 is surely the truly pivotal bone in allowing the body to participate in what I have had to come to accept is a directional gravitational flow.*** *Until I have pulled back L5 in myself as a female, the connection into this gravitational flow will not be made and I am stuck in the dimension of time out of the flow (along with all the other living creatures and other "Russian nesting doll" entities similarly misaligned, creating "time.") My body cannot use only gravity for its functioning and must step down into using the other forces of magnetism, electricity, the strong, the weak force.*

Very simply, it will all come about as I propose because of the effect that the positioning of L5 will have on the larynx. In the female, weighted as she is rearward toward the uterus, the cricoid cartilage of the larynx will tilt upward at the front toward the thyroid cartilage causing a configuration of the palate (forming the floor of the nose) with a rise in the palate toward its front. This rise more to the front of the palate causes breath flow through the nose down the open pharynx toward lung segments which are less well aerated than would be the case if the configuration of the palate had been with rise in it toward the back causing breath flow toward

better aerated lung segments. This will be the case whether breath is going toward clavicular or abdominal lung segments.

Since the weight of the scrotum weights men toward the front, then the shifting of L5 out of proper alignment to the spinal column will be toward the rear of the proper alignment. This has the effect of tilting the thyroid cartilage backward and downward toward the cricoid cartilage causing the rearward rise in the configuration of the palate, and breath goes then to better aerated lung segments.

Thus, on such small turnings away from our balance to the gravitational flow for eon after eon do our gender differences likely rest!

From the above, it is apparent that men generally must pull forward their L5 to bring it into alignment whereas women must pull it backward.

The effect of the proper alignment of L5 is the proper aligning of the thyroid and cricoid cartilages to one another. When this is arranged, then the configuration of the palate is such as to close off the nasopharynx from the oropharynx so that breath does not travel by way of the nasopharynx to the remainder of the pharynx to the larynx. Rather, breath is available for the many other destinations the body developed over the eons to make use of breath, which are not much used when the nasopharynx remains open at its back for breath to go directly down the pharynx from the nose. In the likely consistently uncommon situation of the closure of the nasopharynx by means of the use of the soft palate, the small portion of the breath which is needed by progressively changing specific lung areas is fed to the specific lung areas through the incisive canal of the hard palate which joins the nasal cavity to the oral cavity just behind the teeth. As the years went by I came to see more and more clearly that optimum functioning of the human (quite likely utilizing only gravitational energy) depended on the consistent continual closure of the nasopharynx by means of the soft palate, which I speculate to be an uncommon occurrence.

I am writing of what I am only now seeing in late February, 2016 of the role in our body of L5 which is the first of the last four bony structures of my Periodic Table of Elements / Correlated Human Body Structures. I had long suspected that the remaining three of the last four bony structures, that is, Mc Ss 2, Mc Ss 1 and Mt Ss 1 played a large role in our body's ability to function in the three spatial dimensions. Almost immediately upon comprehending the role of L5 as the arbiter of our ability to pull out of the gravitational flow into the dimension of time in which we operate, and remembering that there were four other named sesamoids, (which probably by exaptation serve other roles in our body), I saw the lay-out which I will present now in hopes it will be suggestive and eventually garner any needed corrections.

Elsewhere in this work, I have given specific understanding within the context of my work as to what is signified by reference to down/up, right/left and front/back dimensions, to wit: down/up = outward-from-the-source-of-everything / return-toward-the- source (changed below); right/left = reach-away-from-placement-in-down/up-dimension / return-from-reaching-away; front/back = move-away-from-placement-in-down/up-dimension / return-from-moving-away.

The lay-out for the primary structures of our bodies which serve as arbiters of the dimensions of time, out-from-source/back, reach-away/back and move-away/back follows:

Time: (see Pages 80-92 for greatly updated version)

L5 *- That which can cause us to stop flowing with the gravitational flow: Possible arbiter of GRAVITY. (Gyri.)*

Pisiform *- That which lets us hold steady where we stop in the flow with the assistance of the formation of structure**:** Arbiter of a HIGGS "FORCE?" (Teeth +.)*

Down/Up (this now changed to Drop-behind-stopped-position / or Lag-behind / Back):

Mc Ss 2 *- That which lets us drop or lag behind where we stopped in the flow:*
Possible arbiter of the STRONG FORCE. (Skull bones.)

Incus *- That which lets us return to our stopping place in the flow:*
Possible arbiter of MAGNETISM. (Body-frame bones.)

Right/Left (Reach-away / Back):

Mc Ss 1 *- That which lets us reach away from wherever we are in the flow:*
Possible arbiter of ELECTRICITY. (Cervical, etc. vertebrae / sesamoids.)

Hyoid *- That which lets us reach back to wherever we are in the flow:*
Possible arbiter of WEAK FORCE Z BOSONS. (Finger bones.)

Front/Back (Move-away / Back):

Mt Ss 1 *- That which lets us move ourselves away from wherever we were in the flow:*
Possible arbiter of WEAK FORCE W- BOSONS. (Thoracic vertebrae / ribs.)

Patella *- That which lets us move ourselves back toward wherever we were in the flow:*
Possible arbiter of WEAK FORCE W+ BOSONS. (Toe bones.)

I continue now Manuscript II in the vein in which it was written ~15 years ago:

One day repeated readings of my singing books paid off. In Lamperti's Vocal Wisdom I read, "The larynx does not rise to produce a high pitch. The backward tipping of the cricoid cartilage secures the upper tones of voice." I had been alerted to a role played by the tipping of the cricoid cartilage.

Continuous re-readings of sections of Hollinshead's Textbook of Anatomy added another significant paragraph, "The cricopharyngeal part of the inferior constrictor [muscle], often called the cricopharyngeus muscle, is of considerable importance. In contrast with the other pharyngeal constrictor fibers, it maintains a tonic [sustained or continuous] contraction until swallowing is started and thus serves as the sphincter between the pharynx and the esophagus." A sphincter is a constrictor of a body passage or opening that relaxes as required by normal physiological functioning. The above quote continued, "This [action of the sphincter] normally prevents regurtitation to the laryngeal level of material passing retrogradely from the stomach into the esophagus, unless there is active vomiting."

From the statements above, from Lamperti and Hollinshead, and from looking at the pictures included above, I came to suspect that what I felt when I did what I thought was "move down my larynx " was re-establish a more up-right cricoid cartilage, probably by eliminating some of the "tonic contraction" of the cricopharyngeus muscle to change the circumstances for the cricothyroid muscles in order to remove the upper tilting in the narrow front part of the cricoid cartilage toward the thyroid cartilage. To have the cricoid and thyroid cartilages in more up-right relationship to one another probably provided more freedom in their play to one another for the singing voice. But if I were removing some of the tonic contraction in the cricopharyngeal muscle, then would I not be leaving the esophagus open?

On the page for Plate 549 of Clemente's Anatomy I had read that when the soft palate is elevated to close off the nasopharynx so that food enters the oropharynx, then, "at the same time, the larynx is drawn upward toward the epiglottis [to close off the laryngeal orifice and prevent food from entering the larynx], and the pharynx ascends as well [obviously to receive the food]." Perhaps a leap of imagination was needed here. Perhaps an upright cricoid cartilage (with the implication of the esophagus being left open if the relaxed cricopharyngeal muscle was the

source of the more up-right cricoid cartilage) was a desirable on-going position for better breathing, but, when the larynx was not drawn up toward the epiglottis to close off the larynx's opening to keep out food, maybe there were other arrangements of structures which closed off the esophagus when not swallowing or there were other arrangements which simply directed air only into the laryngeal orifice with the esophagus being able to remain open.

I came back around again to think about diaphragmatic breathing. Even if there were no validity to an early theory I had entertained that there was a signaling relationship between an esophagus that stays open to any degree and a diaphragm that does not descend as it should, such theorizing led me to a concept possibly explaining clavicular breathing, while showing an undesirable aspect of this kind of breathing. Whatever the reason for the diaphragm not descending, its failure to do so results in there being insufficient room for the bottom front segments of the lungs to inflate. Consequently, the only segments with room to inflate are the upper front segments, the clavicular segments, and thus we have high-chest, clavicular breathing. Since a minimal descent of the diaphragm makes no room for lower lung segments to inflate, there isn't so much room in the lungs for in-coming air as there would be otherwise. If the esophagus remains open as a corollary circumstance of the diaphragm descending only minimally, then the open esophagus serves the function of receiving and conveying to the stomach the extra air that would go into the lungs had there been room.

From the above reasoning, I came to think of high-chest, clavicular breathing as minimal, or non-diaphragmatic, breathing although presumably there is some movement of the diaphragm. (John West in Respiratory Physiology indicates that the level of movement of the diaphragm will vary from one centimeter in normal tidal breathing to ten centimeters in forced inspiration and expiration.) On the other hand, when I have removed tilt from my cricoid cartilage and feel the sensation of breath going to both sides of my abdominal mid-line and see my abdomen rise rather than my chest, then I am confident I am doing a greater degree of diaphragmatic breathing while at the same time doing abdominal breathing because my diaphragm (or part of it at least) is descending properly and the front lower abdominal segments of my lungs have room to inflate.

In the early months of my attempt to improve my singing voice, I wondered why so often, after singing a long phrase or two and presumably emptying my lungs sufficient each time to be ready for another inhalation, soon I was not able to inhale until after I had stopped singing momentarily and exhaled what felt like the rest of the air in my lungs. In light of the theory I developed about a portion of each inhalation going directly to the stomach, I believed I had an explanation for the above curious dilemma.

In singing, one does not normally deflate one's lungs before replenishing them with fresh breath. Under this circumstance, the diaphragm can be assumed to remain at some level of contraction through an extended period of singing. A contracted diaphragm compresses the abdominal viscera (stomach, etc.) which it encloses or surrounds. If with several breaths in succession I am putting more and more air into my stomach, and the job of the contracted diaphragm is to control the expulsion of air from the lungs above it to flow through the vocal cords to produce sound, then this job of diaphragmatic control is surely becoming more difficult as the diaphragmatically compressed stomach becomes more and more distended with air with each quick breath. After several of these breaths that let air go down the esophagus into the stomach, a singer must stop what should be the normal inhale/exhale cycle to relax the diaphragm and let the air out of the stomach just as happens when one tries to pant indefinitely using non-diaphragmatic breathing. In his Structure of Singing Richard Miller makes reference to the situation I describe, "When a singer feels extreme muscle resistance to inhalation . . . a

"full" or "deep" breath is not the cause; unnecessary muscle antagonism is taking place." Miller's comment was useful in that it made reference to an experienced situation or condition but, as was so often the case, the explanation was without specifics as to what was happening and, thus, wasn't as helpful as wanted.

(2) Anterior, Posterior Longitudinal Ligaments, Base Spinal Nerves, Bony Pelvis

I come now to considering the issue of the location and maintenance of the proper fulcrum of our body as a path toward understanding the need for inclusion of back breathing into any beautifully synchronous system of breathing.

For some time I had been intrigued by a couple of ligaments which surely had to be of far reaching importance, partly because they were, in fact, far reaching in a system that seems to be completely purposeful. In Hollinshead's Textbook of Anatomy (page 127) these ligaments are described: "Between the skull and the sacrum the anterior and posterior longitudinal ligaments run uninterruptedly on respective surfaces of the vertebral bodies. The ligaments resist anterior and posterior displacement of vertebrae on one another. Both ligaments are firmly attached to each intervertebral disc as well as to bone."

Vertebral Ligaments, Atlantooccipital Junction, Plate 16 and Lumbosacral Region, Plate 147
Atlas of Human Anatomy by Frank H. Netter, M.D., 2nd Edition

The Textbook of Anatomy goes on to say, "The anterior longitudinal ligament is a broad band, covering much of the anterior [front] and anterolateral [front side] surfaces of the vertebral bodies. It is thick anteriorly and much thinner laterally. It limits extension of the vertebral column and is especially important in the lumbar region, where the weight of the body tends to increase the normal posture of extension of the lumbar spine."

Regarding the posterior longitudinal ligament it is stated: "The posterior longitudinal ligament tends to check flexion of the vertebral column. It runs within the vertebral canal and covers the posterior surfaces of the vertebral bodies and disks."

Later in the text it is also stated that the anterior longitudinal ligament is the strongest of the vertebral ligaments and that it checks both anterior and posterior displacement of vertebrae. (p. 143)

This discourse began with a discussion of the sacrum of our body whose rotation can determine the orientation of our entire pelvis. This pelvic orientation can then affect the curvature of our spine and the direction of use of the system of muscles extending throughout our torso, neck and head. As is stated in Hollinshead's Textbook of Anatomy (page 313): "Knowledge of the correct orientation of the pelvis is important . . . for explaining and appreciating various movements and actions of muscles."

Unfortunately, an explanation of the connected system of pelvic orientation and the muscles, ligaments and their movements and actions throughout the major portion of our body of the sort I am attempting to make never became available to me. I began trying to piece it all together. To do this requires finally some understanding of the complexity of the spine and its curvature. One avenue to learning about the workings of the spine is to grasp the concepts of extension and flexion as they have to do with the vertebral column and its curvature.

In Stedman's Medical Dictionary, flexion is defined as the act of bending a joint or limb in the body by the action of flexors. Extension is defined as the act of straightening or extending a flexed limb.

In anatomy books there are references to the fully flexed spine or the extended spine. To the uninitiated, it is somewhat difficult to comprehend readily what is meant by these phrases. If one looks at pictures of the spine, it looks like a column of individual blocks with what one understands to be a compressible substance between the blocks with segments of the column curving now this way and then the opposite way. It seems easy to imagine the pictured spine straightening out when one stands erect by the blocks in some of those curves compressing one way and blocks in other curves compressing the other way. However, it is stated in Hollinshead's: "With the exception of the lower limbs, flexion approximates [brings together] the anterior [front] surfaces of the body and extension reverses the movement." Therefore, for the uninitiated, an understanding of a flexed or extended spine, can perhaps be most easily grasped in two stages.

Remembering that the anterior and posterior longitudinal ligaments "run uninterruptedly on respective surfaces of the vertebral bodies from the skull to the sacrum," being "firmly attached to each intervertebral disk as well as bone," then statements in Gray's Anatomy are relevant: "In Flexion, or movement of the spine forwards, the anterior longitudinal ligament is relaxed, and the intervertebral substances [the discs] are compressed in front; while the posterior longitudinal ligament [and other ligaments posterior to the spine] are stretched, as well as the posterior fibres of the intervertebral discs. . .In extension, or movement of the spine backwards, an exactly opposite disposition of the parts takes place."

Referring back to Hollinshead's statement that flexion approximates the anterior surfaces of the body and extension reverses the movement, one might understand flexion of the spine first in terms of the approximating or bringing together of the front surfaces of the vertebrae through their attachment to the anterior longitudinal ligament. When this ligament is in its most relaxed condition, the front vertebral surfaces would be most approximated and the spine would display the greatest flexion. As the slack is removed in the anterior longitudinal ligament, then the front vertebral surfaces separate and extension is taking place.

Attached to the back surfaces of the vertebra is the posterior longitudinal ligament. When it is stretched or taut, then the back surfaces to which it is attached separate, but the spine itself is said to be flexing because the spine's front surfaces are coming together or approximating as its back surfaces separate, unless there is resistance provided by the anterior longitudinal ligament.

From the above it can be understood that the sinuous spine acts as would a single limb if it were bending, with the material in the bend having to compress while the material at the back must extend, a probable caveat to this situation being found in the resistance to flexing or extending that might be given by either the anterior or posterior longitudinal ligament. Therefore, while viewing the spinal column as a single limb or entity, and speaking then of spinal flexion, knowing that flexion refers to the approximating of the front surfaces of the body, one can understand that there is meant a forward bend approximating one's nose to one's toes. In such a way, viewing the spine as having the capacity (and probably having developed) to bend and straighten as a single unit, might the second part of understanding spinal flexion and extension be attained, the second part delving into circumstances which possibly cause or allow the spine to no longer act as a single unit but let it possibly straighten or bend by blocks in some of the spine's curves compressing one way and blocks in other curves compressing the other way.

As one straightens from a fully flexed spine and one's nose moves away from one's toes, a degree of relaxation in the posterior longitudinal ligament appropriately occurs. Unfortunately, the degree of relaxation is likely to be far greater than is appropriate because, I believe, in most

women its place of attachment in the skull approaches its attachment site at the sacrum at the bottom of the spinal column because the attachment site is not held firmly forward. I propose the back surfaces of the vertebrae in the cervical and lumbar spine approach one another as the posterior longitudinal ligament inappropriately relaxes causing exaggerated forward curvature in these parts of the spine. This forces backward curvature in the thoracic spine due to compensatory separation of the back surfaces of the thoracic vertebra while putting pressure on the front surfaces to approximate.

In this situation, it would seem all of the curves of the spine would tend to move forward, the degree of the forward movement depending on the degree of separation of the front surfaces of the vertebrae which is controlled by the anterior longitudinal ligament. The forward curvature of the lumbar spine would take the sacrum forward with it and the relaxed posterior longitudinal ligament at its attachment to the top of the sacrum, since not being held firmly forward in the skull, presumably would not be counterbalancing the downward push of the weight of the spine on the sacrum.

Meanwhile, the strong anterior longitudinal ligament could be holding together the front of the column and resisting, by its strong attachment along the upper front of the sacrum, the downward, forward rotation of that body. However, if this ligament were attached above to an unfixed shifting surface (movable arm), that served no role in keeping the anterior longitudinal ligament pulled taut, then there would be no resistance by this ligament to the weight of the spinal column pushing the sacrum down and forward.

For reasons that will follow I have concluded that the anterior and posterior longitudinal ligaments in many of our bodies are in situations much like those described above. The shifting surface (movable arm) is the portion of the skull to which these ligaments attach and the freedom allowed this portion of our skull to move downward provides no resistance to the sacrum being pushed downward and forward by the forward movement of the lumbar curve above it. I shall not elaborate the details, but I would propose that an oppositely parallel situation obtains in the normal male due to the weighting of its body at the scrotum instead of the uterus, resulting in the upper attachment site of the posterior longitudinal ligament being pulled inappropriately forward, in which case it would seem the curves of the spine would all tend to move backward possibly compressing the forward portion of the pulmonary cavity rather than the rearward portion.

To arrive at the above conclusions, and others that will follow, involved relying on experienced sensations within this, my personal laboratory, my body. Seemingly important insights evolved from relating these experienced sensations to the theories being developed.

In continuing my effort to edit my writings of the past 15-20 years to trace the path of my discoveries, today (3-8-2016) I see possible implications for the role of the longitudinal ligaments which are providing much additional insight to my understanding of the general functioning of the body as well as aid to my ability to consistently maintain what I have proposed is its manner of optimal functioning.

I have theorized that there are seven base spinal nerves and that the 24 remaining spinal nerves were interjections between four of the seven base spinal nerves at the "head" end of the organism and three of the seven base spinal nerves at the "tail" end. The four at the "head" end are C1, C2, C3, C4, and the three at the "tail" end are S4, S5, and the coccygeal nerve.

Today there is the perception that the ultimate goal to achieve optimum functioning is to function as though C1, C2, C3, C4, S4, S5 and the coccyx were still a single unit without the intervention of the remainder of the spinal column and, presumably, all its associated structures.

There is the further perception, as I work my way through editing this manuscript, that if all the eight sesamoids discussed in the previous italicized section above remain aligned to each other during both inhalation and exhalation such that the crista galli at the top of the ethmoid bone and the basilar part of the occipital bone (no doubt through the service of the sphenoid bone and its processes) remain in proper alignment to each other, then the posterior and anterior longitudinal ligaments will remain in free play to one another to optimally adjust the body's vertebrae. This series of perceptions grew out of the initial insight I had that all the vertebrae probably should remain in parallel to one another (with no compression of the substance between them) in perpetuity, that is, throughout inhalation and exhalation and all the movements of the body if its energy source is to be constantly gravity. Only in this way can anything brought into the body be able to have the weight of the body be directed toward the relevant processing areas for a given time and place (in the universe!) to provide the very specific processing needed for that time and place.

In discussing earlier the anatomical implications of the advice to singers to "keep the larynx down," I mentioned that in trying to determine what was meant by this through experimenting with different than normal arrangements of the structures in my throat, I had a sense of upward movement at the very back of the throat. I had become aware earlier of the several muscles with longitudinal fibers that helped form the side walls of the pharynx and elevated these lateral walls during swallowing. These were the palatopharyngeus, the longitudinal pharyngeus, the stylopharyngeus and the salpingopharyngeus muscles. Then there were the several pharyngeal constrictor muscles, the superior, middle and inferior, which ran somewhat perpendicularly around the pharynx, flowing upward at its back to insert into what was called the posterior mid-line pharyngeal raphe. These muscles were said to induce the peristaltic waves of the pharynx that moved food down into the esophagus. All of these muscles making the walls of the pharynx were first important to me because the cricopharyngeus muscle, mentioned earlier in its connection with closing off the esophagus when not swallowing, was the lower of the two parts of the inferior constrictor muscle. However, I moved on from concentration on that connection to noticing that the pharyngeal raphe into which all of the constrictor muscles inserted seemed to hang from the under (inferior) surface of the basilar part of the occipital bone.

Muscles of Pharynx: Median Section, Plate 59 and Partially Opened Posterior View, Plate 61
Atlas of Human Anatomy by Frank H. Netter, M.D., 2nd Edition

At first I assumed that the movement I felt at the back of my throat in association with what I thought was movement of my cricoid cartilage was due to the movement of all those pharyngeal constrictor muscles, such as the cricopharyngeus, along with the movement of the pharyngeal raphe to which the constrictor muscles attached. However, there came the day when I noticed in pictures in the anatomy books {Netter Plates 57, 59} that the anterior longitudinal ligament and its attached vertebrae were almost flush up against the pharyngeal raphe into which all the pharyngeal constrictor muscles inserted. More importantly, probably, the pharyngeal raphe and the anterior longitudinal ligament both hung virtually side by side front to back (anterioposterially) from the inferior or under surface of the basilar part of the occipital bone. Now I wondered if the upward movement that I thought I felt at the back of my throat was

perhaps the upward tautening of the anterior longitudinal ligament when I did whatever it was that pulled up on the pharyngeal muscles.

It was at this point that I believed I obtained an important insight from an experienced sensation. During repeated trials of creating the sensation of upward movement in the back of my throat, I realized that there was a very noticeable sensation of shifting and tightening in my lower back in the area of the sacrum. It occurred to me that the sensation of shifting could very well be the shifting of the sacrum from its downward, forward position to its more appropriate upward, backward position. At an earlier time I had read of the sacrotuberous and the sacrospinous ligaments which attach above to the sacrum and below to the tuberosity and the spine of the ishium, respectively. At that time I had only a vague idea of the ishium as one of the three bones of the hip bone or pelvic girdle, all of them being continuous with one another. Later I would learn that the ishium was the outer part of the lowermost section of the bony pelvis with its tuberosity, the portion on which we sit. Coming around from there to the front was the inner, lower section of the pelvis, the pubis. The upper portion of the bony pelvis, continuous with the ishium below it, was the ilium.

The ilium, ishium and pubis together were referred to as the hipbone, as well as one half of the pelvis or the pelvic girdle, although it is chiefly the ilium that we think of as the hipbone. The sacrum and an ilium coming around from it on both sides were strongly bound together by ligaments, particularly the strong interosseous sacroiliac ligaments. The sacrum, the two ilium (the ilia), the two ishium (the ishia) and the pubis were referred to as the bony pelvis.

To return to the sensation of tightening that I believed I felt in the area of the sacrum when I experienced the upward movement in the back of my throat, I thought that it might be the tightening of the sacrotuberous and the sacrospinous ligaments {Netter Plates 330-331}. I quoted above from page 313 of Hollinshead's Textbook of Anatomy the statement concerning the weight transmitted to the first sacral vertebra tending to force the sacrum downward and forward, causing the lower end to rotate upward and backward. The next sentence of that text is as follows: "The sacrotuberous and the sacrospinous ligaments anchor the lower end and resist rotation of the sacrum between the coxal bones."

Articulations, Bones and Ligaments of the Female Pelvis, Figure 391, Figure 392, Plate 256-7
Anatomy by Carmine D. Clemente, 4th Edition

Accompanying the above Figure 391, Plate 256, the text in Clemente makes the same statement as that in Hollinshead's: "Because the sacrum lies beneath the remainder of the vertebral column, considerable weight is transmitted to it from above. This tends to rotate the upper end of the sacrum forward and downward and its lower end and the coccyx backward and upward. The sacrotuberous and sacrospinous ligaments add stability to the sacroiliac joint by resisting these forces."

The implications of these statements were significant. If the stabilizing role of such ligaments as the sacrotuberous and sacrospinous were being eliminated by overly strong forces pressing down on the sacrum and rotating it between the coxal (hip) bones, then what would be the effect on the hip and pelvic bones and everything attached to them?

A major effect was pieced together from several other statements in the same section from Hollinshead's combined with a statement from Gray's Anatomy and the ideas I had formed earlier of the role of the rectus abdominus and pyramidalis muscles and the other abdominal muscles.

The statements in Hollinshead's are as follows: "This movement of the sacrum [the antecedent here is not altogether clear; I assume it to be the out-of-plane downward and forward movement of the first sacral vertebra] puts tension on the interosseous sacroiliac ligaments which, in turn, tend to draw the two ilia [the hipbones] together." In the preceding paragraphs Hollinshead indicates that it is "when the weight of the body is transmitted from the sacrum to the ilia" that the ilia become locked together.

This was confirmation for my much earlier assumption that the ways we use our body prevent its weight from being concentrated at what would seem to be its proper center of mass, the sacrum, and thus the forces on various parts of our body are not consistently transmitted exclusively to its center of mass but are scattered elsewhere. When the sacrum does not maintain its proper rotation, the weight being transmitted to it from above is passed on across the sacroiliac joints to those bones, ligaments and muscles more to the front of us. The fulcrum does not stay at the center of mass.

The extent of the ramifications of this situation were making themselves known to me both in personal experience and in the connections I was making as to the consequences throughout the torso, neck and head.

For months my writing of essays and the notes made for this discourse, and the discourse itself, had been done sitting on my bed in the mornings. As I delved more and more into the working of the system of muscles and ligaments and bones and seemed to develop an ever greater ability to control it, it became more and more obvious that the placement of bodily fulcrums were not all equal in their effect on the body. I developed a quick test to determine what seemed to be the fulcrum's location. I grasped something near me, usually the edge of my bed and pulled on it. If the major tightening in my body took place in the area of the front mid-line just below the breastbone, then I knew that my fulcrum had shifted from my sacrum. I always assumed, from the feel of the force of my effort located at the bottom of my breastbone, that it had shifted to what I referred to as a sternal location.

For a long time my ability to produce the sensation of the fulcrum at the sacrum, shifting it from the sternum, was quite ephemeral, but I could do it by taking a deep breath, exhaling while not letting collapse whatever the lower back expansion had been, and then, inhaling again, keeping the lower back expansion in place. When pulling on something then, I could feel the major tightening occur in the sacral area.

As time went by and I became more adept at controlling my fulcrum's location, the significance of these differing locations became obvious. So long as the fulcrum was maintained at the sacrum I could sit indefinitely, feeling really good all over, with everything about me comfortable. The minute the fulcrum shifted, various parts of me became uncomfortable, old aches made themselves known and I became generally restless. I imagined that I'd become a person with Attention Deficit Disorder symptoms and began wondering about the significance of this association.

As to the consequences throughout the torso, neck and head of a fulcrum at the sacrum or elsewhere, the connections slowly made themselves known.

(3) Direction of Action

From the sensations of shifting and tightening in the sacral area I had experienced when creating the upward movement in the back of my throat and from Hollinshead's comment about the role of the anterior longitudinal ligament, I intuited that if this ligament were appropriately manipulated then it could counterbalance the tendency for a downward, forward rotation of the

top of the sacrum and a shifting of a portion of the vertebral column's weight from the sacrum to the hip and pubis. Thus, the fulcrum could stay at the sacrum.

What was it that prevented the anterior longitudinal ligament from serving this role and what was the role of the posterior longitudinal ligament? How could these ligaments be actively manipulated? Were there different arrangements of the parts of the upper body than the normal ones that would activate the anterior and posterior longitudinal ligament to help maintain a sacral fulcrum?

Several pictures provided clues to possible answers to these questions.

Pharynx: Median Sections, Plates 57 & 59, and Partially Opened Posterior View, Plates 61 & 69
Atlas of Human Anatomy by Frank H. Netter, M.D., 2nd Edition

Netter's Plates 57 and 59 of the very middle of the body show so well the attachment of the pharyngeal raphe, and the anterior longitudinal ligament just behind it, to the bottom of the basilar part of the occipital bone. The posterior longitudinal ligament, running along the back of the vertebral column, can be seen at its attachment along the upper surface of the basilar part of the occipital bone. The posterior longitudinal ligament merges with fibers of the techtorial membrane which is the name it assumes at the basilar attachment site.

After a period of looking at these pictures and reminding one's self that bones weren't fixed entities – they raise and lower throughout the body constantly - then one could imagine the effect of the raising and lowering of the basilar part of the occipital bone. It could have the function of the unfixed shifting surface (moveable arm) mentioned earlier in connection with the anterior longitudinal ligament. When the basilar part is lowered, then several things could be happening. The posterior longitudinal ligament would presumably be in a more relaxed state so that the back vertebral surfaces could come together putting pressure on the front surfaces to separate. This would result in extension and forward movement of the spinal curves. The sacrum would be pulled forward by the general movement forward of the lumbar vertebral curve above it and, unless there is strong resistance from some source, the weight of the column always pushing down on whatever is below will push down on the sacrum.

At the same time the posterior longitudinal ligament is becoming more relaxed allowing pressure on the spine to extend by the basilar part of the occipital bone moving downward, the anterior longitudinal ligament loses its anchor point at its attachment to the basilar part of the occipital bone because of this same downward movement. Being no longer held firm above, the anterior longitudinal ligament can play no role in resisting the downward, forward rotation of the sacrum resulting simultaneously with this same ligament's inability to resist the exaggerated extension being forced on it by the relaxed posterior longitudinal ligament letting its back vertebral surfaces approximate.

At last one can come back around again to the third way of breathing, back breathing, mentioned much earlier. The theory developed here would maintain that when the spine is extended in the condition described above, creating a forward thrust of the thoracic spinal curve (in spite of the probable tendency toward flexion and backward curving of the thoracic spinal curve due to the exaggerated extension and forward curving of the lumbar and cervical spinal curves), the back (posterior) lowest portions of the lungs are compressed and unable to inflate. Therefore, the manner of breathing that would most effectively aerate the lungs and provide the fullest complement of oxygen for our body's use is prevented as discussed above.

At the same time that one's most effective breathing is being curtailed by an extended spine, the so very important fulcrum point of one's body is being shifted by a portion of the upper body's weight being shifted forward from the sacrum to the hipbone. The theory advanced here would suggest that few, if any, systems of the body are not adversely affected by the displacement of what would seem to be the proper center of mass of the body at the sacrum. Muscles are misused, afferent and efferent pathways are altered, nerves are pinched, lymphatic pathways and nodes are altered and compressed, organs are misshaped, joints misfunction, etc.

As detailed in Part 1 of this discourse, I spent many months attempting to back breathe and keep my fulcrum at my sacrum by concentrating on the sacral area itself. I did this through constantly attempting to maintain the sensation of expansion in my lower back that was associated with being able to back breathe. As explained, I had little consistent success in my effort until I discovered that certain configurations of muscles and bones in my head had a beneficial effect on my effort to keep an expanded back. In subsequent months it became clear that the effort to maintain the sacrum in the upright position which prevented spinal extension and lower lung compression, and thus permitted back breathing, was likely to be constantly overwhelmed if the direction of the pressures applied to the sacrum were not controlled from above. The most direct means of that control was found, after exploring many other possibilities, to be associated with the basilar part of the occipital bone to which the anterior and posterior longitudinal ligaments attached. Now it was necessary to become deeply engrossed again in the head, the so very complex, difficult part. One wondered if the location of these ligaments implied any degree of their importance because, from top to bottom, they are well-centered and protected in our body.

There had been much time devoted already to concentration on sensations that could be created in one's head. These sensations were often duplications of those described by great singers – sensations associated with freedom to sing greatly which were always the sensations associated with my closest approximation to consistent back breathing and the maintaining of my fulcrum at the sacrum. There were the sensations of "a light touch at one's ears," "lift at the back of one's throat," a "square throat," "flared nostrils," "height in one's nose," "raised or lowered soft palate," "raised or lowered tongue," "tingling at one's nose," an "unhinged or loose jaw," etc. All of these sensations were being created by what was happening to those numerous intricately shaped and connected bones of the head and the far more numerous muscles and membranes attached to them.

As described in Part 1, laughing and smiling seemed to lead to the appropriate configuration of bones and muscles for back breathing, the fulcrum at the sacrum and great singing. So what was happening when one laughed? The anatomy books were very helpful. One could choose Netter's or Clemente's plates of the superficial face muscles along with Clemente's summations on pages 464-5 of the actions of the Muscles of the Scalp, Ear, Eyelids, Nose and Mouth, for example, the zygomaticus major muscle which "draws the angle of the mouth upward and backward as in laughing."

Muscles of Facial Expression: Anterior View, Plate 20 and Lateral View, Plate 21
Atlas of Human Anatomy by Frank H. Netter, M.D., 2nd Edition

In Clemente's pages of summations of the actions of the muscles in the area of the face, one could read of an extensive number of muscles involved in raising and lowering and opening and closing various parts of the mouth, nose, eyes and ears.

Because of the importance of what happened in my nose and upper lip in the area of the incisor teeth when I said the word "now" (its pronunciation giving the facial configuration that seemed to let me sing anything in tune and with height – see Manuscript I), at times I thought the muscle with the longest name, the levator labii superioris alaeque nasi muscle, had to be of especial importance; it "raised the upper lip and dilated the nostrils." However, it was easy to assume importance for all of the muscles of facial expression in their role of raising and lowering, for it was evident that a general raising up of the facial structures was beneficial to all I was trying to achieve.

However, a general raising up of facial structures obviously couldn't happen in isolation so one had to look at the attachments below and above and behind.

For a long time, I imagined that the raising up of the superficial facial muscles relieved pressure on the broad band of muscles referred to as the occipitofrontalis muscles that seemed to begin at one's eyebrows and extend over the top of one's head to hook in along much of the bone that one can feel extending from ear to ear along the back base of one's skull, along the superior nuchal line of the occipital bone. That possibility remained as I considered other muscle action.

A single sentence of the description of actions of the recti abdominal muscles in Gray's Anatomy (to be discussed in greater detail later) seemed of great importance: "The Recti muscles, acting from below, depress the thorax [the upper portion of the torso containing the sternum with its attached ribs and the lungs and heart] and consequently flex the vertebral column."

Richard Miller, in his Structure of Singing, had written of the importance of maintaining the sternum in an elevated position for freedom in singing. He stated: " . . . the sternum must initially find a moderately high position; this position is than retained throughout the inspiration-expiration cycle. Shoulders are relaxed, but the sternum never slumps. Because the ribs are attached to the sternum, sternal posture in part determines diaphragmatic position. If the sternum lowers, the ribs cannot maintain an expanded position, and the diaphragm must ascend more rapidly."

Therefore, when Gray said that the thorax was being depressed by recti abdominal muscles acting from below, which at the same time were flexing the vertebral column, then my understanding of these statements at that time implied that the flexing of the vertebral column was not desirable because one wanted an elevated thorax. (*Note 3-19-2016: The question of the direction of action of the recti abdominal muscles was to remain not properly resolved until 2015 when I finally had to conclude that the parts of the recti abdominal muscles, each of the four parts being the middle muscle of one of four 3-member sets of muscles whose relationships I had earlier derived, had been developed to serve with action in the opposite direction to that of the other two members of each set, which in proper functioning of the recti abdominal muscles, was an upward rather than a downward action.)*

So I thought, well, if the recti abdominal muscles are pulling down on that to which they are attached, i.e., the bottom of the sternum and ribs of the thorax, and the sternum and ribs have a number of muscles, ligaments, etc. that connect them to structures in the neck which are connected by muscles, ligaments, etc. to structures in the head and face, then it began to appear to be like a circular pulley. If the muscles in the face sag and they pull down on those occipitofrontalis muscles over the head, could these cause pressure to be put on the lengths of back muscles which must eventually attach to the sacrum and then pull it out of line? Probably, to complete the circle, the out-of-line sacrum would be discovered putting pressure on the pubis to pull down on the recti abdominal muscles where they attach at the pubis. Such a system!

Fortunately, I had discovered the anterior and posterior longitudinal ligaments and was beginning to disregard the back muscles at about the time that I read in Hollinshead: "The entire back musculature is often referred to as 'the erector spinae' or 'the back muscles.' . . . Two points should be noted, however. First, the erector spinae is not responsible for holding the spine erect during standing, but as its name implies, restores it to the erect posture. . ."

So it wasn't the activity of the back muscles that gave me a vertebral column which, when properly erect, would presumably eschew both extension and flexion, thus, freeing my lungs for back breathing and maintaining a properly aligned sacrum for a fulcrum which would be centered at the seeming center of mass.

More and more, it appeared to be the ligaments of the vertebral column, particularly the anterior and posterior longitudinal ligaments functioning in the ways described earlier in this discourse. It could still be a pulley system because those recti abdominal muscles were still pulling down on the sternum and ribs of the thorax and, presumably, everything above, and they were probably still being pulled down on at their attachment at the pubis by whatever was determining the angle of the sacrum.

Now, instead of studying the back muscles, my attention turned to the anterior and posterior longitudinal ligaments, the ones described in Hollinshead's as the "tough and inelastic ligaments that reinforce the intervertebral symphysis [the column of vertebrae and discs.]" Their attachments above became the big question. What was the relationship of the arrangement of these upper attachments to one another and to the other bones and structures of the skull?

The basilar part of the occipital bone is the front part of the back lowermost bone of the skull (the occipital bone) which surrounds the big opening (the foramen magnum) through which the spinal cord leaves the brainstem to course down the vertebral column. The back edge (appearing wedge-shaped in a mid-line side view) of the basilar part of the occipital bone, where it rims the front of the spinal cord opening (the foramen magnum), is more or less above the wedge-shaped dens of the second cervical vertebra (C2), the axis, which projects up to the level of the top of the first cervical vertebra (C1), the atlas. The front arch of the atlas encircles the upward projecting dens of the axis.

Skull: Midsagittal Section, Plate 3 / Cranial Base: Inferior View, Plate 5 / [C1 / C2], Plate 16
Atlas of Human Anatomy by Frank H. Netter, M.D., 2nd Edition

Several ligaments connect the atlas and the axis to the basilar part of the occipital bone at various places on its under and upper surface. However, the anterior longitudinal ligament courses around, and is attached to, the anterior arch of the atlas to attach to the underside of the basilar part of the occipital bone. The posterior longitudinal ligament courses around the dens of the axis and its ligaments to attach on the upper side of the basilar part of the occipital bone, the posterior longitudinal ligament having become the techtorial membrane.

Since I had determined that both the anterior and posterior longitudinal ligaments needed to maintain some degree of tautness, it was easy to visualize, from the pictures of their upper attachments, this tautness being accomplished by a lifting or an elevation of the basilar part of the occipital bone. What would effect this? Since I assumed muscles could only pull, not push, then a pulling up from above seemed to be the answer, so I had to look at the area above the bone extending forward from the basilar part of the occipital bone to the front of the head where the top of the nose and the brows come together. Now, the floor, or the base, of the skull would have to speak to its involvement in this synchronous system.

(4) Into the Brain, Dura Mater with Extensions

I returned to sensations, those elicited by my dreamed word "now." It was the syllable affecting the area of the nose that let me sing. When I said this syllable, there was the sensation of lift and spread from my nostrils to my cheeks and, particularly, a very localized sense of lift and heightening in the top of my nose.

I looked at pictures of the nose, or nasal cavity, and at pictures of the skull and its contents. The structures and their attachments were quickly obvious, and their connections appeared to be too direct to be of no significance. There is a protuberance in the top of the nose called the crista galli (it means cock's comb) to which is attached a perpendicular sheet of the tough, fibrous, inelastic membrane, called dura mater, which covers the brain and spinal cord and lines the inner surface of the skull. This particular sheet of dura mater is called the falx cerebri. It is the thin perpendicular crescent of membrane that extends downward and inward from the upper front, top and upper back of the skull to run between the upper sections of the two cerebral hemispheres.

At the back of the head, the inward perpendicular extent of the falx cerebri attaches to and blends with the upper edge of a spreading sheet of laterally downward flowing dura mater, the tentorium cerebelli. This layer of dura intervenes between the lower surfaces of the cerebral hemispheres and the upper surface of the cerebellum. From its blending with the falx cerebri at its highest level along the perpendicular line extending from the mid-back of the skull, the thin sheets of the tentorium cerebelli spread out like the sides of a tent to attach on the inner surface of the back of the skull along the occipital bone and extend approximately one third of the way around the inner circumference of each side of the skull. There, its attachment moves inward at an acute angle along the ridges of the petrous part of the temporal bone to hook in at the posterior clinoid processes of the sphenoid bone which form the sides of the ridge line just above the basilar part of the occipital bone. The front free edge of the tent, the opening into the tent, which swoops down and forward from its highest point of blending with the perpendicular sheet of the falx cerebri meets itself at the posterior and/or anterior clinoid processes coming around from its attachment along the back of the skull and then inward along the petrous ridge. The tentorium cerebelli makes a membranous tent-like roof over the lower back portion of the brain.

As can be seen in Clemente's Anatomy, 4th Edition, Plate 488 and Netter's Atlas of Human Anatomy, 2nd Edition, Plates 98 and 34, the falx cerebri and tentorium cerebelli form a continuous sheet of membrane from the area in the top of the nose at the crista galli all the way around the perpendicular mid-line of the top portion of the skull to flare out toward the back of the skull and come around covering, tent-like, the cerebellum and the spinal cord opening (the foramen magnum). The points of the edges that flare out and around at the back of the skull, and the points of the edges that flare down from the inner mid-line, meet in an area at virtually the same latitudinal level of, and not so very far removed from, the crista galli. Additionally, these meeting points are just in front of the upper attachment site of the techtorial membrane, which further down is the posterior longitudinal ligament.

The proximity of these several membranous dura maters and the membranous ligament seemed too great to be unrelated. Was there a connecting link between the crista galli and the posterior clinoid processes and the clivis of the occipital bone where the techtorial membrane (becoming the posterior longitudinal ligament) attaches, and could movement of one part affect movement of other parts?

When Gray's Anatomy and Stedman's Medical Dictionary define dura mater as the tough, inelastic, fibrous membrane lining the interior of the skull, then the assumption of continuity of

this membranous lining from the posterior clinoid processes to the crista galli is indicated by definition. The description of dura mater in Gray's Anatomy portrays its pervasive presence within the skull as well as the spinal canal. Not only does it adhere closely to the bones of the skull, especially at the sutures joining the bones and along the ridges and openings on the floor of the skull, but it is "prolonged to the outer surface of the skull" through the various openings (foramina) in the floor and, thus, the dura mater becomes continuous with the likewise thick, fibrous membrane covering the exterior of the skull. Additionally, dura mater forms sheaths for the nerves that pass through the openings of the floor of the skull such as the facial, optic and auditory nerves and it becomes continuous with the dura mater lining the spinal canal.

The dura mater of the spinal canal differs from that of the skull in that it is not adherent to any of the bones surrounding the canal. At the canal's opening from the skull (foramen magnum), the dura mater is firmly attached to the circumference of this opening and to the second and third vertebrae below. Then, it is described as being "fixed to the posterior longitudinal ligament, especially near the lower end of the spinal canal" and, finally, at the back of the coccyx (tailbone), it blends with the periosteum there, the thick, fibrous membrane that covers the surfaces of bones and, to which, muscles and tendons attach.

For what it was worth, here was a direct connection between the dura mater lining the skull and spinal canal and the posterior longitudinal ligament. However, I was seeking the connection between the crista galli with its attached falx cerebri and the posterior clinoid processes (as well as, probably, the anterior clinoid processes) to which the tent corners of the tentorium cerebelli attached. In looking at a mid-line profile of the line of bone extending from the basilar part of the occipital bone up to the crista galli, one sees a big cavity, or pit, just in front of the ridge of bone (the dorsum sellae) connecting the posterior clinoid processes. This cavity houses the hypophysis, or pituitary gland, and would seem to break the continuity of any membranous connection between the crista galli and the forward part of the occipital bone. However, except for a small opening for the stem of the pituitary gland to connect above to the hypothalmus, this cavity is covered over by dura mater of the same type as the falx cerebri and the tentorium cerebelli. This dura mater covering is named the diaphragma sella, and it is said to roof the sella turcica (see Clemente's Anatomy, 4th Edition, Plate 492).

The sella turcica is the upper portion, or the upper surface, of the body of the sphenoid bone, which is the rather perpendicular and centrally located bone of the head that intervenes between the basilar part of the occipital bone and the forward extending ethmoid bone that forms part of the walls and center plate (the septum) of the nasal cavity as well as a portion of the eye sockets. From the ethmoid bone arises the very pronounced peak protruding up in its mid-line, the crista galli.

It seemed now that the type of dura mater forming the falx cerebri, the tentorium cerebelli and the diaphragma sellae could, in fact, be continuous from the crista galli up and over through the skull and back around again to the crista galli.

Because the sensation of lift and heightening in the top of my nose could easily be described as a sense of gathering together and pulling up on the tissues of my head, I imagined that all the dura mater coming together at the crista galli from above and behind was being pulled up by upward, and probably forward, movement of the crista galli.

Now, it was back to the occipitofrontalis muscle band extending from the eyebrows over the top of the head, with the addition of the procerus muscle and any other muscles which appeared to be possible elevators of the frontal bone and the perpendicularly inward extending ethmoid bone, to both of which was attached dura mater.

If I said an emphatic "now," seeming to lift all those structures in my nose, and simultaneously lifted my eyebrows, I sensed the scalp over my head moving backward. In spite of the scalp's loose attachment to the outer lining of the bones of the skull, the pericranium, which lets the scalp move easily, it seemed there must be some adjustment backward of these bones, the frontal, the parietal at the top, the occipital at the back and the sphenoid and temporal at the sides. If my sensation of heightening in the nose involved any upward movement of the bony protuberance of the ethmoid bone, the crista galli, then I could only assume a degree of adjustment of the other bones of the head because they were all so intimately connected to one another. In any case, I was convinced the dura mater extensions into the cranial cavity, the falx cerebri, the tentorium cerebelli and the diaphragma sellae, were shifting in a circular fashion from front to back. The implications of this movement weren't hard to imagine.

As they shifted upward and forward at the front of the skull, their effect would be to pull forward the membranes connected over the length of bone from the crista galli through the extent of the basilar part of the occipital bone. Then through either their effect of lifting the basilar part and/or pulling forward the series of attached membranes, there would be a pulling up on the membrane that becomes the posterior longitudinal ligament and on the dura mater that becomes "fixed to the posterior longitudinal ligament especially near the lower end of the spinal canal." The taut posterior longitudinal ligament would then assist the vertebral column to resist extension by relieving pressure on the front vertebral surfaces to open up and by keeping the top of the sacrum pulled up and back so that there is no pressure to pull forward the lumbar spine and create lordosis.

Here is found another of those ever-present situations in which detriment can be prevented by a correct alignment but will be compounded by a wrong alignment. My effort to achieve properly balanced functioning probably resulted in the movement of the falx cerebri, and perhaps all the skull's attached dura mater, this movement being an upward shift around the front of the skull creating a circular ripple of movement toward the back of the skull and then down and around through the tentorium cerebelli. This circular backward, down and around movement of the membranes of the skull would relieve any backward pulling pressure of the membranes extending from the posterior clinoid processes and dorsum sellae forward to the crista galli. Thus, there would be removed an influence which, in effect, would permit a laxness in the posterior longitudinal ligament.

Perhaps the direction of pull on the dura mater lining the back of the spinal canal could also influence the alignment of the sacrum and even the slope of the ribs.

As I have proceeded through the latter part of this discourse, continuing constantly in my practice of the proposed theories of proper use of muscles, ligaments, etc., I have become more aware of, and impressed by, the role of the posterior longitudinal ligament. I believe the effect of what happens at the crista galli when I say an emphatic "now," strongly involves the tightening of the posterior longitudinal ligament and, thereby, greatly enhances the pulling up into the proper alignment and tightening of the entire pelvic girdle. The upward movement in the back of my throat, which I early on associated with the pulling up of my anterior longitudinal ligament, was only a part of that which was necessary to establish the proper degree of tautness of both the anterior and posterior longitudinal ligaments for the proper functioning of the larger system at any given moment.

At the time of writing the above portion of Manuscript II, I proceeded on with an additional couple of pages referring back to singer, Lilli Lehmann's, advice in her book, <u>How To</u>

Sing, on the efficacy of using the pronunciation of "y" (as in "yay") to maintain flexibility in her optimum voice production form based on the use of "a, e, oo." Lehmann refers to "y" as the hinge binding all letters to one another, saying, "If we do not wholly dissolve the y *position while pronouncing vowels, consonants and words . . . the form remains prepared for each succeeding vowel." Much, much later I would write about what I discovered to be the extraordinary reason for the pronunciation of "y" providing the flexibility to which Lehmann referred, this reason being laid out in the 2-14-2013 Note entitled "The Alphabet of Language Is Organic, Arising out of the Development of the Layers of the Body." These Notes will end this Part 6 of this book.*

All of the references to the singing voice are relevant to my effort to discover the manner of optimum functioning of the human body because, as stated earlier, the arrangement of the body which gives freedom to any voice for beautiful singing is the arrangement moving the body toward optimum functioning.

After concluding the above portion of Manuscript II with the couple of pages referring back to singing advice of Lilli Lehmann, which I do not include here, I continued on to write Sections 2-6 to include as part of Manuscript II. I shall not include those Sections here inasmuch as they deal with even smaller details of what is happening in various parts of the body based on our various manners of functioning. If the present work proves to be of value in our understanding, then I shall be able to bring forth later the more detailed work.

I move on now to the inclusion of Manuscript III in the present work. By the time of its writing, I was looking much farther afield for information to provide answers to the ever greater level of questioning which beset me, particularly from areas such as physics and neural science. I was moving away from so much concentration on anatomical connections of the body to come back around again to what had been the somewhat despairing questions of my 20's, that is, why are we here and what is it all about? But now, I was beginning to suspect that if we could ever figure out how the human body had actually developed to work, then we might be able to answer many of the much larger questions.

Manuscript III Contents Page

Part 6 - Manuscript III - Further Musings, on Beginnings

In attempting to determine for myself answers to my long-time questions, "Why are we here?" and "What is it all about?" I have come to perceive that a base question as to origins, whether it is of a living organism or of anything else is "How did matter come into existence?" The nature of matter, once it exists, would seem to lead to all else, for is not the base fact of matter that it, and the molecules of which it is composed, are always moving toward a balancing?

As regards the coming into existence of discreet living organisms, that which would be required as an initiating circumstance would be the isolation from the surrounding environment of a collection of molecules subject to fluctuations, in response to some aspect of their environment, from whatever balanced state or degree of balance they have been able to attain.

At some point in the evolutionary development of a living organism, the driving force behind its existence will come to appear to be its need for intake of some kind to fuel its processes. However, this need for fuel is underlain by, and was initiated by, the constant movement of molecules toward a balancing.

Following the above perception, I then ask, "Is not the difference between living and non-living collections of matter nothing more than the capacity of the collection of living matter to respond to its environment in a non-passive way?" The way in which a collection of such matter can do this is by effecting some kind of movement that issues from within itself. Would it not follow then that the earliest development of a living creature would center on a collection of material that would develop a way to effect movement from within itself?

From this standpoint, if life did not suddenly spring into existence in some fully functioning way, we might look at ways that chance movement became predictable, organized, controlled movement.

(1) Development of Movement Ability & Muscles, Accretions, Expanding/Contracting Universe

The story of movement within ourselves, and those creatures resembling us, we always tell in terms of contraction, muscle contraction. I propose that we are, however, all telling the end of the story when muscle contraction became essential in order to allow movement at all in creatures who had evolved initially to function without the need for contraction. We tell it this way because the end is so compelling that it obscures the beginning and all the chapters in-between. This, even though the beginning and all the intervening chapters are ever there functioning as they always did but are now often hampered in their functioning because of this latest chapter in the story.

The story of the functioning of a living organism is to be found in the accretions, the evolutionary add-ons, once these begin to be perceived. From the manner in which the accretions occurred, it seems possible that the story began quite simply with collections of particular kinds of molecules isolated from their surrounding environment. One might think of this isolated collection of molecules as forming a sort of globule either floating freely in its environment or attached to something therein.

If there is to be a story of life beginning, then there must be a collection of molecules that is discreet and separate from the environment around it, but, as well, this collection of molecules must acquire substances from the environment (or something from outside itself) if

change is to occur within it that could eventually develop into the ability to effect movement within itself and become a different type of entity than the inert entities around it. The substances – the molecules – to be acquired from the environment for this earliest simple globule might be nothing more than those found in ocean waters surrounding it or periodically washing over it (or simply light). Given the right sort of molecules within the globule and an entrapping but permeable membrane, then osmotic pressure would be a means of entrance of outside molecules into the globule. As stated in the article on osmosis in the Encyclopedia Britannica {p. 1141, Book 16, 1965}, "In a constant pressure system in which the escaping tendency of the internal water has been lowered by solutes to a degree below that prevailing externally, equalization involves a greater inward flow of water, with a resulting increase of volume." The type of molecules entrapped within the globule, given the right circumstances, would lower the internal pressure in order that there could be an internal flow of water.

The right circumstances for producing solutes might involve the level of pressure within a globule because the level of pressure at a given time in a contained system of varying pressure would likely affect the formation of solutes. From subsequent happenings it would seem that at least some of the entrapped molecules were of a sort whose equilibrium was disturbed by some aspect of their circumstance (such as subjection to intense heat or light) so that activity was created within the globule. This activity would then involve changing levels of pressure that might have influenced the production of solutes as well as surely the level of pressure on the walls of the globule. Quite likely, there is to be found in this pressure on the walls of the globule, or in whatever else the influences are on these walls, the eventual instigating factors leading to muscle development and, thus, the beginning of the ability to effect controlled movement that issues from within a collection of matter.

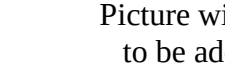
In the beginning, it would seem, there would have been circumferential stretching and recoiling of the walls of the globule in response to varying levels of pressure of the entrapped molecules. This stretching and recoiling aspect of the defining wall of the globule would perhaps have been coincidental to the changing levels of pressure within it initially, but, as it developed, the stretching and recoiling came to play a significant role in the entrance and exit of substances, and this aspect of the wall of the globule would represent a precursor role in the development of a certain kind of modern-day muscle cell. The pattern of functioning for all future accretions to the living organism was contained in this stretching and recoiling of the wall of the globule: the ability to think, to plan, to emote, to have sex by meiosis would all come back to the development of the organism around the imperative for maintaining a constant pressure system within its cells that would be done by the muscular opening and closing of the organism to the entrance and exit of substances.

Over time, as would seem to be indicated by subsequent happenings, there grew to be a connection between those substances which were affected by the element which created the varying levels of activity within the globule (light coming to play a major role) and the muscle precursor elements. What may have begun as general activity throughout the globule in response to activity-initiating circumstances became confined to specific muscle activity responding to an energy source to open and close.

It will be important for the coming developments of the story being created here to emphasize that the muscle precursor elements mentioned above developed in a situation in which the active change which would occur would be a stretching or lengthening of the membrane of the globule with a subsequent passive recoiling as the energy source diminished. Although the millions of years over which this story occurs allow plenty of time for profound

transformations, we will simplify our story by drawing a parallel early in our account between the lengthening and recoiling mentioned above and the manner of functioning of present-day muscle. I would propose the actual manner of functioning is not based on muscle contraction as seems to be the prevailing view. Rather, it hinges on the final act in any increment of muscle activity requiring that specific fibers (probably interior ones) of a particular kind of muscle fiber within the effecting muscle always lengthen in relation to the fibers around it before the body will have altered its structures appropriately to achieve a desired position. As we will see in the course of this story, this necessity has brought about many changes to the living organism which, in the end and in effect, brought the organism to the tiresome situation of having to alter its entire framework in order to accommodate uncooperative portions of itself. This is the tiresome situation that has obscured the beginnings of the story and is the way in which present-day organisms primarily function.

That which we mainly perceive as the manner of functioning of present-day muscle, which requires muscle contraction or shortening, is the result of the need to compensate for gaps that have been allowed to form in the communicating channels which are responsible for maintaining the body with a functional horizontal and vertical arrangement of its structures. When these structures are appropriately aligned, then a certain portion of a certain kind of muscle fiber of the effecting muscle will elongate to allow for the separation of the most proximate portions of the structures to which the particular muscle fibers attach. This has the result of pulling together the less proximate portions of these structures inasmuch as these are attached to other recoiling fibers of the effecting muscle. These other fibers will be recoiling in response to the lengthening of the action-initiating portion of the muscle fibers. It is the same effect as described for the motion of a fish through the water in which the body of the fish is "thrown into curves that press backward against the water, sending the body forward." As seen in the illustration above, a land creature such as the salamander uses its limbs to effect the same manner of moving. {p. 327, Book 9, Encyclopedia Britannica, 1965 – same source and page for illustration and quote}



From perceptions the author of this story has made, it would appear that the living organism, after closing off its initiating molecules from the surrounding environment, evolved in a series of accretions that alternated between opening and closing mechanisms. The framework for the story will be the evolutionary accretions of these mechanisms. However, these macro-level accretions result from the micro-level moment to moment patterns of a globule either closed to the outer environment except for possible selective osmotic entrance of molecules or, then, opened osmotically by the build-up of internal pressure. There were presumably moments of equilibrium, but moments that would always move toward recurring disequilibrium. A process of equilibrium/disequilibrium has begun that will, in and of itself, create circumstances preparatory for the great changes which will result in evolutionary accretions and, throughout, will maintain stabilizing aspects to give it perpetuity.

I shall insert now an insight I have had in these early months of 2016 in attempting to edit these manuscripts of some 15 years ago. Where there is seeming contradiction between ideas of then and now, I simply leave it in hopes there is something suggestive in both veins which others can make use of in our on-going attempt to develop a clearly laid out, non-contradictory developmental path for our universe. I refer to the seeming contradiction between the idea in the text above that later developments in organisms simply served the purpose of forcing on them a continuance of the ways to function in which they had first developed to function and the idea I will present in the italicized paragraphs below that organisms developed ways to function which seemed to remove them from needing to reference, or if not that, then, to at least not depend exclusively on, their initial ways of functioning.

I have proposed in this work that matter is formed by energy entities which have the capacity to form it. I propose now (April, 2016) that when matter comes into existence, then the entities responsible for forming matter can serve to condense it or to expand it.

In forming matter, an entity will form ways to intake from its environment and output back into the environment. I propose there is to be found in the manner in which an entity intakes from, and expels into, its surrounding environment the process determining whether the "universe" the entity is contributing to forming, by forming matter, will contract or expand.

If the intake of an entity from its surrounding environment is an extension activity and the output into the surrounding environment is a flexion activity, then the intake/output cycle of the entity will result in a degree of contraction of the surrounding environment.

If there is the reverse situation such that an entity's intake is a flexion activity and its output is an extension activity, then the intake/output cycle will result in a degree of expansion of the entity's surrounding environment.

The means by which the contraction or expansion of an entity's surrounding environment is caused by the entity involves the form of the exterior of its self to the form of its interior. If the entity intakes as its body is extending, then the interior intaking portion of its self will be congruent to its exterior encasement. Likewise, there will be congruence of the interior and exterior if an entity outputs as its body is flexing. If there is congruence between the interior and exterior of an entity during its intake and output, then it is involved in pulling back together the larger universe of which it is a part.

On the other hand, if intake is a flexion activity, then the configuration the interior an entity will have during intake will be an arrangement of its interior to the arrangement of a differently formed exterior such that the effect of the entity's engagement in an intake/output cycle will be opposite that of its effect in said cycle if intake is during extension and output is during flexion. In this scenario of intake during flexion and output during extension, the entity is involved in pushing apart / expanding the larger universe of which it is a part. This would be so because the "curves into which the entity is thrown" in the one scenario are opposite those into which it is thrown in the other scenario causing there to be movement in different directions in the two scenarios.

As is my wont, I proceed from the above considerations to the always recurring wonderment about the likely "Big Bang" beginning of our universe, and I consider the following: if there is the possibility, as I have speculated, that all that is, as regards matter, provides the instruction for the "next" steps to be taken toward or away from the "Beginning," and a time comes when there is no more matter to push against for the very last

particle (as a fish's curves push against the water), then perhaps that last particle is the determinant of whether our universe becomes a complete perfect quiescent energy entity universe, perhaps one of an unending universe of such, or somehow causes the next Big Bang.

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(2) Glycine, Heme, Gelatinous Bubbles, Light

When it is remembered that the earth as we know it, with its oxygen-laden environment, is nothing like the early oxygen-free environment in which life's base forms began, it is easier to understand how life might have started. From the base on which it appears the accretions accumulated, it seems quite possible that life's story began in an atmosphere not generally believed to be conducive to life's beginnings, that is, an atmosphere composed primarily of nitrogen and carbon dioxide. Experiments done by nuclear physicist, Philip Abelson, as recounted in Christopher Wills and Jeffrey Bada's The Spark of Life {p. 61}, combining nitrogen, carbon monoxide and water vapor in an environment shot through with electric charges such as probably existed on the early earth in the form of constant electrical storms have produced one of the essential building blocks of the proteins of which living creatures are largely formed. This is the amino acid, glycine, produced along with hydrogen cyanide.

There are some twenty-two of these amino acids that are used to make the proteins of our body. Glycine is different than all the others. Its formation from the elements, hydrogen, oxygen, nitrogen and carbon, occurs in such a way that the carbon atom is not asymmetric in the glycine molecule. This results in a molecule that has no left-handedness or right-handedness as compared to the DNA molecule which is a helix spiraling to the right. All of the other amino acids that are found in proteins in our bodies are left-handed.

As becomes quickly obvious when one is reading of the chemical reactions that take place in a living organism, that is, its metabolism, the formation and use of amino acids are complicated chemical processes involving the assistance of numerous complicated proteins called enzymes and the energy source referred to as ATP (adenosine triphosphate) which is, itself, the product of chemical processes. However, there is a compound, heme, that is the nitrogenous, water-soluble pigment {Encyclopedia Britannica, 1965, p. 922B, Pigment} of red blood cells, the hemoglobin of our blood, that is synthesized from glycine {PC, p. 331} by condensation steps {EB, p 222, Metabolism} in which there is no mention of the assistance of enzymes or energy sources such as ATP. Heme, a compound of nitrogen, carbon, hydrogen, oxygen and iron, is quite similar to chlorophyll, the light-reacting substance of plants. In seeking a source for the iron that could be synthesized by glycine into heme, the author of this story came upon a description in Freeman Dyson's book, Origins of Life, of a manner in which "gelatinous bubbles" with membranes have been discovered to come into existence. Perhaps the earliest globules in the line of discreet molecule collections that would become modern animal life came into existence by means of "hot water saturated with soluble iron sulfides" {Freeman Dyson, Origins of Life, p. 34} spewing up from the early earth's thermal vents. When "discharged into a cold water environment," these iron sulfides "precipitate as membranes and form gelatinous bubbles." Freeman Dyson goes on to say that the "bubbles look like possible precursors of living cells" and that the "membrane surfaces absorb organic molecules from solution, and the metal sulfide complexes catalyze a variety of chemical reactions on the surfaces."

In order for this story to progress, it is going to be imagined now that glycine comes to be formed within the precipitated gelatinous bubbles as the initial amino acid building block

and that it is instrumental in synthesizing heme within the bubble that is going to be our globule. (Stedman's Medical Dictionary states that glycine is "derived from the alkaline hydrolysis of gelatin.) There is a necessity about these developments as regards the originating of the eventual living cells because glycine would appear to be the logical first amino acid since all of the enzymes necessary for the transformations involved in preparing the other amino acids for use in a living organism would not be in place as yet and because heme may prove to be essential for the process of creating perpetual equilibrium / disequilibrium states within the globule.

In the course of this story there will be made a series of connections which will lead to the recognition that light, when it is available, is the base energy source underlying animal functioning. As has been proposed, simple osmosis probably sufficed as the means of influx and efflux of molecules in and out of the first globules with perhaps periodic lengthening and recoiling of the globule membrane having some effect on the sequence of influx and efflux. The internal disturbance that resulted in the stretching and recoiling of the globule walls would perhaps have had something to do with light interacting with the pigment of heme and the resultant variation in the internal pressure levels. (An alternate possibility would be the effect of light on the pigment-like substance, guanine. Guanine, a purine base, is one of the four bases that, along with sugar, phosphate and hydrogen molecules, compose present-day DNA strands. Of all the amino acids formed from the four bases of DNA, glycine is the only one that has a form consisting only of guanine, and guanine is the one base appearing in all other forms of glycine. It is what forms the extensive silver/white coloration of many fish and it is the guano of bird/chicken excrement that has served as an important fertilizer, particularly the guano of fish-eating birds. Interestingly, unlike other animals, chickens/birds are unable to synthesize glycine; for them it is one of the essential amino acids.)

I have been asked if hummingbirds can hover as they do because they are functioning with the mechanical system of muscle lengthening, rather than the chemical system of muscle contraction, which lets them utilize gravity as the inexhaustible leveraging mechanism for movement. Can a creature who flies afford to alternate between an exhaustible chemical system and an inexhaustible mechanical system of movement? Would this not be reason for glycine to be an essential amino acid in a perpetually moving animal if a mechanical system of movement based on the even-handed glycine underlies virtually all other movement as I am proposing in this story? Those actions that are reflexive in all animals, such as stepping in babies, would spring from this same mechanical system of movement.

This concept for a beginning of the type of living cell that might have served as the base precursor of animal organisms could only grow from the glimmering idea that the functioning of a living organism originated with a quite different manner of movement than that which is described for present-day animal descendants. This would be a purely mechanical system of movement initiated by the effect of perhaps light on certain molecules. Essential also to this concept were the further exciting perceptions that the different manner of early movement still underlies much of the muscle action performed by modern animals and that what appears to be their manner of movement is nothing more than a series of overlays on the original system.

(3) "Motor Set" (Preparation for Movement) Becoming Necessary

The system of muscle contraction that is seen as the mechanism by which we move presently is based on a system of communicating neuronal cells that appeared, on first acquaintance, to possess several major handicaps. A certain elegance was lacking that often can be associated with many of nature's processes.

The complexity referred to above of the interactions involved in working with non-symmetrical compounds that must spiral one way or the other appears to be a significant handicap. If the compounds were found in creatures spiraling similarly at all its levels of functionality, perhaps it would work out nicely. However, animals tend to be two-sided with a vertical axis although, in humans of course, they are usually one-handed or the other. This is possibly a reflection of the difficulty of evenly balancing a creature based on non-symmetrical compounds who seems to be symmetrically formed and is operated by a system of spirals that require complex transformation in order to have a functioning creature at all.

Movement originating within a two-sided creature with a vertical axis would seem to be most efficient if it could occur as balanced movement around the vertical axis. Any movement that took place in one part of the horizontal plane perpendicular to the vertical axis could be counterbalanced within the same plane rather than requiring compensation in an additional plane. As will be proposed further along, if similar arrangements could obtain for movement and counter-balanced movement within discreet vertical sections of the body, then a relatively simple mechanical system of movement utilizing gravitational pull could be operational.

In a chapter on a portion of the brain called the basal ganglia in Principles of Neural Science, Mahlon DeLong, states, "Studies combining behavioral training and single-cell recording indicate that the skeletomotor circuit [of the basal ganglia] is involved not only in the execution but also in the preparation for movement." In certain areas "striking changes in discharge rate occur in some neurons after the presentation of a cue that specifies the direction of limb movement to be executed later. These changes in activity [in the neurons] persist until movement-triggering stimulus is presented." This is the "preparatory aspect of motor control referred to as 'motor set.'"

As the story of the development of that first cell that evolved into animals as we know them unravels, there will be suggested the various occurrences that lead to an animal that must "prepare" to make a movement rather than simply make the movement. The preparation that must take place is the arrangement of various parts of the body which will allow the appropriate alignment of the horizontal and vertical grids in which the true effecting muscle can lengthen the appropriate fibers in response to a mechanical pulling on those fibers.

In that first cell, in which glycine might have been the single active amino acid, quite possibly the movement that first took place from within, which ultimately resulted in the stretching and recoiling of the membrane of the cell to admit molecules of substances and to expel what would come to be considered waste products, was a balanced movement to the gravitational axis of the cell. The muscle fiber precursors that would develop in the cell, which could lengthen and recoil, would be balanced on either side of the cell.

That which led to the perceptions underlying this story of beginnings and development of the living organism was the slow perception of the manner in which muscles developed in discreet, identically patterned groups, with each group having developed to function in such a way as to maintain the balance of the body as a whole in order for the body to be able to function. It was realized that there is to be found in the human body some twelve initiating

muscles with all subsequently developed muscles patterning themselves in sets of five, yielding 60 groups of muscles each containing, then, five mostly two-part (one for each side of the body) muscles that function together to maintain the balance of the body. These 60 groups of muscles are themselves divided into subgroups of three, and the evolutionary accretions are associated with each subgroup of three related muscles. This results in 20 accretions, 20 situations in which major change occurred to the organism that would become a human being.

Because of the way the numbers work, the clue to the arrangement of the muscles in the 60 groups, which were divided into subgroups of three, came from the way in which amino acids are formed, the amino acids being the building blocks of the proteins that form muscles and other parts of the body. There are known to be 20-22 amino acids that make these proteins and these 20-22 amino acids are built from four substances called nucleic acids plus phosphates and sugars (nucleotides). However, it requires only three nucleic acids (each with its associated phosphates and sugars) to make an amino acid that is used to make the body's proteins. As Paul Davies writes in his book, The 5th Miracle, "I have described life as a deal struck between nucleic acids and proteins. However, these molecules . . . are barely on speaking terms . . . So how do [they] communicate?"

He goes on, "Four bases [the nucleic acids] can be arranged in sixty-four different permutations of three, and twenty [the number of amino acids needed to make the proteins] *will* go into sixty-four with some room left over . . . To translate from the sixty-four triplets into the twenty amino acids means assigning each triplet (termed a codon) a corresponding amino acid. This assignment is called the genetic code."

In the midst of all the difficulty of grasping the relations between all the numbers of the preceding paragraphs, somehow various bits of information coalesced for this author into a perception that the 312 muscles of the body could very nicely form 60 groups of five muscles with a few left over. Each of these 60 groups could then be associated with one of the 20 amino acids forming the proteins of the body if one could grasp that most of the amino acids could be configured with several different nucleic acid triplet arrangements and simply be different forms of the same amino acid.

As it turned out I had already come to recognize one aspect of muscle function that was an essential bit of insight in coming to realize the significance of there being 60-64 ways to express only 20 amino acids. It had become very obvious that any movement of a specific structure in the body depends on a complicated arrangement of the various kinds of fibers of, always, a set of three intimately related, functionally non-overlapping muscles. So, if there were 60 groups of muscles, and it required three of these groups to move anything, then, actually, there appeared to be only 20 divisions of the body that needed instructing. From that came the perception that each of the 20 divisions would represent one of the chromosomal groups making up the genetic code. Later, I realized that each chromosomal group would probably have developed in association with certain kinds of changes occurring to the living organism based on the incorporation of different amino acids into the organism.

I said above that the 312 muscles of the body could form 60 groups of five muscles with a few left over. For the beginning organism the development of a single set of muscle precursors was sufficient. I discovered that, given the right circumstances, a particular set of muscles is capable of pulling together all the muscle fibers of the body. The various elements of the story that is being told now point overwhelmingly to the pupil muscles of the eye, the dilator, sphincter and orbitalis, as maintaining within the modern animal a role corresponding

to the muscle precursors, or the muscle fibers themselves, as they developed within the originating precursor cells of the present-day animal.

All of the complicated transformations of left-handed amino acids responding to instructions from modern right-handed DNA are likely to be found to have as a base result of each instruction the arrangement of an organism which allows the initial mechanical system, based on the even-handed amino acid, glycine, to make the final move in any increment of functioning that is occurring.

Referring back to the concept of "motor set," it will be found that no neuronal preparation for movement is necessary when the body is maintained with appropriately aligned horizontal and vertical grids. There is instantaneous response of the effecting muscle, and the ability of an organism to react to its circumstances are maximized. For the human, this rapidity of response is equally maximized in all areas of functioning – physical, mental, emotional – since all of these originate in muscle action.

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(4) Empowering Glycine to Render "Motor Set" Unnecessary, Spirochetes, Ion-Channels

Reference was made above to several major handicaps to the modern-day manner of muscle movement which involve the neuronal cells communicating with the muscles. Besides the matter of the left- and right-handed spiraling of molecules, I will mention now what seems to be another red flag marker of non-optimal functioning. There will be found in this work the delineating of the accretions to the developing organism in which these handicaps acquired alleviating measures.

The system of muscle contraction that is seen as the mechanism by which we move is based on a system of communicating neuronal cells that, at rest, are said to have "an excess of positive charges on the outside of the [cell] membrane and an excess of negative charges on the inside." {p.126, Principles of Neural Science, 4th Edition, by Eric R. Kandel / James H. Schwartz / Thomas M. Jessell} Electric charges are rather like water; they are always seeking a level state, which for them means a neutral state in which negative and positive charges are balanced. In the modern view of the appropriate state of electrical charges within neuronal cells, it seems it is held to be a non-neutral, negative state – a state that is seen as necessary to be maintained when the cell is at rest. To maintain this necessary state of charge separation across the cell membrane "constant over time," {p. 131, P.of N.S.} there must be a balancing of flow of positive and negative charges across the membrane. This is accomplished by means of a pump (an Na+-K+ pump) which moves electrically charged elements against the direction in which they would be inclined to go. Naturally, this pump requires energy in the form again of the previously mentioned ATP.

As with the complications involved in running a two-sided organism (four-sided when including the front-back dimension) arranged around a vertical axis whose cells were having to deal with left- and right-handed molecules rather than even-handed ones, it seemed very odd for this organism also to function from a system requiring constant pumping of charges in and out of its cells when the organism was at rest. The flow of electrons and differences of charges across membranes would seem to be associated with the activity of movement, not of rest.

In considering glycine as the amino acid of the first cell, the author was very curious as to the effect of the glycine molecule on the state of electric charges within the first globules. She wondered if it might exist with the other molecules within the globule in a state of neutral

electric charge when the globule was "at rest" which, presumably, would be its time of the equilibrium mentioned earlier.

In high school biology classes of 45 years ago, students were instructed with a phrase they loved to repeat: Ontology recapitulates phylogeny. {Find Ernst Haeckel reference.} Ontology refers to the development of an individual organism while phylogeny refers to the evolutionary development of a species of organisms so the phrase states that the evolutionary development of a species can be seen in the development of an individual organism of that species. To sense that one is uncovering a greater extent to which this is true is quite exciting.

Having begun to discover numerous instances of "ontology recapitulating phylogeny," a person questing after situations in which a tiny globule containing glycine as the primary instigating amino acid could have an internal neutral electric charge when it was at rest, might find a certain interest in a section from the book, Human Embryology and Developmental Biology, by Bruce Carlson. This section on "cleavage" discusses the dividing of the mammalian fertilized egg cell into multiple cells as it travels down the uterine tube to the uterus where it will implant itself.

The cells into which the fertilized egg divides are called blastomeres. About four days after fertilization and after several cell divisions, "… Na+ [sodium ions] and H2O [water] move across the epithelium [skin or tissue covering]-like outer blastomeres and accumulate in spaces among the inner blastomeres." {p. 38}

This is in the egg cell. One imagines the possibility, in the early globules, of Na+ and H2O osmotically moving through its membrane and the effect of ions such as Na+ on the internal environment of the globule, perhaps causing a change in the hydrogen ion concentration interiorly. The point at which glycine is balanced as regards the tendency of its positive and negative charges to migrate (its isoelectric point) is not at the neutral pH 7 point but rather at pH 6.1. However, it is not hard to imagine that there could be situations with a sufficient influx of Na+ in order that the globule could maintain a neutral state when at rest. In other words, it is not hard to imagine that conditions could have existed in which a "balanced" organism both began and continued in its development.

The movement of the Na+ and H2O across the epitheluim-like outer blastomeres referred to above does not take place by the osmosis which has been suggested as the manner of influx of outside substances into the early globule. It is effected by a "Na+ transport system" {p. 38, Human Embryology} (Na+, K+-ATPase-based). Therefore, it is not meant to be suggested here that the egg fertilized some four days earlier duplicates the early globule in its manner of bringing Na+ and H2O through its wall. However, along with suggesting that a neutral, at rest environment for an early glycine-based globule could have been one naturally containing neutralizing ions, the example of the movement of Na+ and H2O across the epithelium-like outer blastomeres provides a departure point for moving toward the next step in the development of our globule.

If our globule is possibly the precursor of the unfertilized egg cell represented by the X chromosome, as is being suggested now, we have been speaking of it so far before that time at which great change probably occurred. It has not yet been invaded by that precursor organism which is likely the precursor of the spermatozoa represented by the Y chromosome. It is perhaps the invasion of the early globule by another precursor organism - a process recognized as a possible manner in which organisms altered and evolved - that first opens its membrane to the entrance of outside molecules by means of a process other than osmosis. This breaching of the globule membrane possibly creates the first channel into the globule

that becomes the prototype of future pathways for molecules to enter and exit cells. The way in which this prototype was first created might resemble the process involved in a human sperm successfully penetrating and fertilizing an egg. The penetration of the coverings of an egg cell by sperm is said to be "accomplished by a combination of mechanical propulsion by movements of the sperm's tail and digestion of a pathway through the action of acrosomal enzymes." {p. 30, H. E. and D. B.} (Interestingly, in light of the isoelectric point of glycine, in order for the sperm to approach the egg in the environment in which it finds itself, it brings its own seminal fluid to buffer itself by changing the acidity of that environment to the more neutral pH, 6.0 to 6.5, which is said to be "optimal for sperm motility." {p. 27, H. E. and D. B.})

A well defined tunnel marks this pathway through the egg cell covering (the zona pellucida) and this tunnel would seem to resemble the passageways (called ion channels) that exist in the double-layered membrane that constitutes the walls of human cells. The acrosin enzyme of the sperm binds to the egg cell wall and breaks down the protein of which it is composed. A number of changes rapidly occur within the egg. There is a release of calcium ions from "internal stores" {p. 32, H. E. and D. B.} and "in some species" {same} there occurs an exchange of extracellular Na+ (sodium) for intracellular H+ (hydrogen) making the cell less negative. All of this is in connection with "a rapid intensification of the egg's respiration and metabolism."

In these bits of description of the fertilization of a human egg cell is possibly found a pattern for development of an ever more complex organism from a simpler precursor organism. Author/scientist, Lynn Margulis, who has been the preeminent proponent of the now widely accepted thesis that many novel life forms are the result of symbiotic origin (the joining together and accommodation to one another of two separate organisms), describes a possible scenario. She is writing of a class of organisms referred to as spirochetes, the extremely abundant modern-day ones being described by her as "proton-powered bacteria that ferment carbohydrates and whip about like possessed corkscrews." {p. 122, What Is Life} Margulis suggests that motility "was the gift of [this] oldest and original kingdom of life."

The scenario for the coming together of a spirochete with another type of bacteria is described in Margulis and Sagan's What Is Life. They write, "Consider a very ancient ancestor of one of today's bacterial denizens of hot springs, *Thermoplasma.* Imagine that ancestor under attack by spirochetes. Holding firm, its protective membrane resists penetration. The spirochetes attach on the outside, establishing association, as they feed on *Thermoplasma's* waste [the expressed excess of molecules]. Eventually some gain entry and merge with the debilitated *Thermoplasma* to become its living oars."

They continue, " Once inside, the spirochete symbionts extend their motility skills to the internal operations of their would-be victim. A sort of bio-chemical truce prevails, as both sorts of reproducing partner manage to coexist. The nucleus, acting today as a sort of central genetic government, might have evolved as membrane proliferated to keep the attaching spirochetes from eating out *Thermoplasma's* DNA. The captive spirochetes, still moving, ultimately become movers of chromosomes." {p. 128-9, WIL}

In imagining the early globule of our story being invaded by a spirochete precursor, we can imagine the great change that has occurred. Different substances from outside have come in to unsettle the established processes of the globule. Possibly an immediate result of the opened pathway into the globule would be the interaction of substances within the globule with substances associated with the pathway and the invader. An outcome of this interaction,

in view of subsequent happenings, quite likely was the closing off of the breached wall perhaps by the formation of a protein plug, either formed from substances within the globule or substances within the globule reacting with the wall-breaching substances.

The pattern that is established at this point is the first step of an expanded pattern that will ensue when the next accretion occurs. The accretions are represented by the addition of chromosomal material, this material being the structures and tissues that are formed, or come to be formed, by instruction of the genes that are carried as hereditary information in the strand of DNA and associated proteins that make up a chromosome.

(5) Transition

It has seemed that attention paid to the pattern of the numbers of different kinds of structures within the body would almost be sufficient to reveal its manner of functioning. The number, 3, and multiples of 3, are of particular significance due, no doubt, to the existence of living creatures as 3-dimensional organisms in a gravitational field. They can move front to back, side to side, and up and down, and each of these directional movements is through a force field that has to be overcome. Thus it was that there appeared to be some connection as regarded overall functioning between seemingly isolated bits of information. So far, the globule of this story has, more or less, been spoken of as developing as a single one of its kind. However, at the beginning of my musings about the early globule, I imagined it as attached to a surface of some sort, a rock surface from which it might leach iron. In this situation, I conjectured that as pressure increased in all the globules equally experiencing whatever the activity-initiating energy source, then there would be compression occurring within the globule of its activated contents toward the most expandable portion of its membrane. Because of the form taken by the evolutionary lineage that yielded animals with a caudal (tail/waste excretory) end and a cranial (head/intake/energy manipulating) end, it would seem that the initial compressing of substances would have been along a longitudinal axis of the globule. The expansion that would be taking place would be along this axis.

The description of a developing elongated globule given above would, perhaps, be an eventual scenario for our globule, but I left my speculations regarding attached globules in favor of a period of unattached globules because I was developing a sense that the degree to which ontology recapitulates phylogeny would prove to be quite remarkable. It was while considering the path of a human egg that I read in Bruce M. Carlson's Human Embryology and Developmental Biology the following section: "Human pregnancy begins with the fusion of an egg and a sperm, but a great deal of preparation precedes this event. First, both male and female sex cells must pass through a long series of changes (gametogenesis) that convert them genetically and phenotypically into mature gametes, which are capable of participating in the process of fertilization." These gametes, which arose as primordial germ cells outside the gonads and then had to "migrate into the gonads during early embryonic development," are now "released from the gonads and make their way to the upper part of the uterine tube, where fertilization normally takes place. Finally, the fertilized egg, now properly called an embryo, must enter the uterus, where it sinks into the uterine lining (implantation) to be nourished by the mother."

I considered that if our globule was going to eventually be seen as having a counterpart in Chromosome X of the human being, with its first invader, the spirochete precursor, perhaps having a counterpart in Chromosome Y, then there were probably other circumstances of human pregnancy to give clues to the first development of living organisms.

It was during the reflection on the very first origin of a globule that might contain iron from which heme could be synthesized that I came upon the passage from Freeman Dyson's book, Origins of Life, that I quoted earlier. I could not resist drawing a parallel between the "preparation" that precedes the fusion of an egg and sperm in human pregnancy, as quoted above, and the possible coming into existence of a globule from the arising of soluble iron sulfides from the earth's interior that precipitate as gelatinous bubbles whose membrane possibly has a role in the formation of the amino acid, glycine. From these circumstances a globule is created that will exist in a perpetual state of equilibrium/disequilibrium. This unsettled state will lead to the expulsion of "waste" molecules to attract spirochete precursors that are then perhaps pulled into the globule membrane with the change in the unsettled state that leads to the intake of outside molecules.

During this period of development of a globule that might parallel the transformation of a female sex cell into a mature gamete which is capable of being fertilized, a series of changes will occur which will reflect the manner of functioning underlying all future living organisms. I shall attempt now to relate some of those changes.

(6) The Eye, Basis for Development of Direction of Muscle Action

Within the earliest globules perhaps the molecules were in an environment conducive to the agitation of some spreading throughout. Reconstructing what occurred in the beginning from what exists presently might lead to a proposal that the possible effect of light on pigment molecules within the globule had a radiating effect on surrounding molecules, that is, the movement of surrounding molecules radiated away from the light-activated portion of the pigment molecules. As the activity within the pigment molecules increased with increasing light as the sun tracked across the sky, then this activity was conveyed to what would become muscle precursor molecules within the wall of the globule.

I would propose that the portion of the first basic globule which was its energy creating source, and contained the energy manipulating mechanisms, is represented by the eye of the modern descendent. Far beyond serving the purpose of allowing this modern descendent to have vision, it is likely that, originally, this modern eye served the purpose of receiving the light which is ultimately the energy source for any living creature and manipulating that energy. I can imagine the cornea of the eye having been an original portion of the wall of the globule with the aqueous humor behind it (which is constantly being produced and replaced as it is absorbed and drained off into the canal of Schlemm) {Hollinshead's Textbook of Anatomy, p. 826} as the osmotically changeable substance of the globule. The iris with its suspended lens and the entire spherical gelatinous vitreous body that forms the larger portion of the eyeball would represent the enormously expanded and complexly developed remainder of the original wall of the first globule. The pigment molecules which were probably first associated with the simple wall of a precipitated "gelatinous bubble" had reason, with the different accretions to the developing organism, to migrate to the back of the portion of the wall that became the eyeball's vitreous body and become the back, outer, pigmented layer of the two layers making up the retina of the eye. Also pigmented are the rods and cones that are part of the other layer of the retina, the front, inner, nervous layer (the cerebral stratum). The rods and cones are at the back of this inner retinal layer in proximity to the back, outer, pigmented layer. Only the latter layer, the back, outer, pigmented layer of the retina "is continued as the ciliary and iridial parts of the retina, and it is tightly adherent to the choroid everywhere." {Textbook of Anatomy, p. 825} The

choroid is the highly vascular (containing blood vessels) layer of the eyeball behind the retina, and there is a relationship between the choroid and the retina which quite likely can be shown to have a direct bearing on the manipulation of the muscles of the body. It may prove to be quite symbolic that the front, inner, nervous layer of the retina (the cerebral stratum) "is attached to the pigmented one [the back, outer layer] only around the optic nerve as that leaves the eyeball and at the ora serrata [the front edge of the eyeball]" {T. of A., p.825} and can be easily torn away unlike the back, outer, pigmented layer.

As stated above, the aqueous humor separating the cornea and the iris of the present-day eye might very likely correspond to the substance of the globule through which light was diffused before encountering any light diffracting element, such as the modern-day lens, with the associated pigment-type light absorbing elements. In attempting to transcend the vast distance and development between what was surely an originating, basic prototype of the living organism to come and the modern-day human, I have imagined that the jumble of molecules in the immediate vicinity of the pigment molecules which were agitated to expand in response to increasing light would coalesce and develop into what would become the muscle precursors associated with the eventual, very contractile iris surrounding the pupil, that is, the opening over the lens of the eye. The jumble of molecules which become the muscle precursors would expand in response to the entrance of light and, ever after, the response of the original representative fibers will be to lengthen in response to the entrance of light and shorten with its waning. The muscle precursor molecules which were able to radiate outward from the jumble of coalescing muscle precursor molecules immediately encircling the pigment molecules would develop into radial-type muscle fibers of the iris of the eye. As certain muscle fibers lengthened, it would happen that differently situated fibers would shorten. These differing kinds of fibers would come to play vitally supporting roles to one another.

The text of Manuscript III continues from here in an effort to follow some possible path toward the development of future complex organisms from beginning simple globules, with one path for these simple globules perhaps being to eventually develop into the eye of the future complex organisms. However I shall eliminate the meanderings of that effort in favor of perceptions which have resulted from attempting to edit the section I'm eliminating, which had to do with muscle precursor formation.

Parts 1-5 of this work have been based on my proposal that modern-day muscle functioning involves most bones of the body being associated with 3 separate muscles which serve to adjust the bone through 3 consecutive days of functioning. I have referred to these as Day 1, Day 2 and Day 3 muscles. Over time, I began suspecting that the fibers of Day 1 muscle could be thought of as longitudinal fibers, those of Day 2 as circular fibers and those of Day 3 as radial fibers. Eventually I had to conclude that the direction of the activity of the 3 kinds of fibers ran opposite to one another, which, of course, led to much speculating as to the origin of the need for this manner of functioning as well as the purpose served by it. I will advance now a proposal as to how the 3 muscle fibers of the 3 days might work.

Observation of muscle use through months and years have led me to sense that the Day 1 longitudinal muscle fibers stretch from origin to insertion with the fiber selection progressing through 24 hours from, usually, a fiber along a "front" orientation to a fiber along a " back" orientation. I have perceived the purpose of this stretch to be to activate the associated structure to serve its roll in the moving on of intake.

The Day 2 circular muscle fibers would seem to begin at the figurative insertion point of the last of the stretched Day 1 longitudinal fibers, referred to here as the figurative insertion point because frequently the origin point of a Day 2 circular muscle fiber associated with a particular bone and the insertion point of a Day 1 longitudinal muscle fiber associated with the same bone are not at all contiguous to one another . Then, through 24 hours, the progression of circular fibers, figuratively, stretch around the associated structure, the circular fiber origins having the effect of progressing from the end of the structure up its "back" such that the stretch of the last circular fiber from the figurative "back" beginning of the associated structure stretches around to end in the vicinity of the figurative beginning of the first Day 1 longitudinal fiber. I speculate that the purpose of the activity of the Day 2 circular muscle fiber having what seems to be an effect of stretching around an associated bone structure, with fiber effect progressing from the bone structure's end to its beginning in 24 hours, is to cause the bone to maneuver in such a way as to allow an opening up of the relevant passage-way at its bottom end in order for intake to move into it with the opening effect continuing "up" the passage-way toward the beginning of the passage-way where the Day 1 longitudinal fibers of the previous day had the effect of bringing intake into the passage-way. In this way the Day 2 circular muscle fibers allow all intake from Day 1 to move "downward."

The Day 3 radial fibers begin somewhat in the vicinity of the figurative insertion point of the last circular fiber at the figurative "top front" of the associated structure and stretch first obliquely toward the "bottom back" end of structure. I speculate there is possibly some effect of opening up the top of the next intake pathway as the oblique fibers straighten out through 24 hours to become a last straight fiber from origin to insertion paralleling to some degree, often figuratively, the first Day 1 longitudinal fiber. My sense has been that the last radial fiber, in moving toward its insertion point, aims toward meeting up with the first longitudinal fiber of the next structure's Day 1 muscle. The effect of the oblique-to-straight radial fibers of the Day 3 muscle would seem to be to create a means whereby intake can be conveyed through the body using its progression of structures, possibly with a corollary purpose for the radial fibers of bringing in intake from a slightly different source.

I would propose that the Day 3 system was originally the opening-up system for allowing the progression of intake through the body by means of a progression of structures having influence over associated intake pathways.

When there came to be a progression of structures such that there was always a next structure, then the fact of the existence of a next structure led to the need for there to be intake associated with this next structure. However, I speculate that failure in the line of progression of the intake associated with one structure to the next became a problem so that help was needed to move the intake along. Therefore, a Day 2 system developed which addressed the lagging transport system from its bottom end (the Day 2 muscles) to apply opening-up transport pressure on whatever there is in the line to be transported. However, there has been blockage at the beginning of the line so there is insufficient intake coming in to transport. This necessitates the development of a Day 1 system which can provide an alternative entrance route as well as a large, complicated system of notation, in the form of what would become a complicated brain, as to where Day 1's intake has been stored since it has to wait on Day 2 and Day 3 to be transported to satisfy the next waiting structure, perhaps, then, the Day 1 system resulting in DNA formation and the Day 2 and Day 3 systems in forms of RNA, in order that DNA might be transcribed and fashioned into needed proteins.

In what I speak of throughout this work as optimal functioning with gravity as the force behind the functioning, I would propose that the connective tissue of the body and of the Day 1, Day 2 and Day 3 systems are sufficient for bringing in and transporting intake for the maintenance of structures, and perhaps the only "muscle" use required are the zonular fibers of the eye to allow intake entrance by way of the eye.

When there is a step down from optimal functioning such that other forces than gravity have to be called on, then I propose, also, that the daily system based on the 6 time intervals of a day, each with its 6 spectral energy associated structures, must integrate itself into the interrupted Day 1, Day 2, Day 3 optimal functioning systems. (See Part 4 for the daily manner of doing this through a 360-day year.)

Of the several conjectures I have construed through the years as to the source of my Day 1, Day 2, Day 3 Bone/Muscle functioning systems, the one proposed in this italicized section fits best with the several indicators at my disposal - such as years-long, daily-monitored sensation - and, thus, I let it stand in the hope that we will better come to understand our enormous complexity.

There follows now the remainder of Manuscript III after I have substituted the italicized paragraphs above for a previous section of Manuscript III in which there is mention of a developing two-layered cell wall and of the development of the dilator, sphincter and orbitalis muscles of the eye mentioned in the paragraph below. I leave the remaining portion of Manuscript III without undertaking to review all the reference material necessary to even begin to determine whether there could be any validity to the following paragraphs written years ago. I leave it because I believe the direction I was pursuing as regards muscle use played a role in my subsequent arrival at Parts 1-5 of this book and is probably worth further pursuit.

In the early globule the entrance of light would presumably have been a simple matter of the sun tracking across the sky. In the present-day organism, the entrance of light into the eyeball which leads to the altering of the dilator, sphincter or orbitalis muscle fibers of the eye, which then serve a pivotal role in the operation of the muscles of the body when muscle use becomes necessary, is a complicated matter of innumerable cells communicating with one another as to what their needs are to maintain balance of all their molecules. For example, thirst cells develop a particular imbalance when not enough liquid is consumed and the imbalance is relayed back through a series of cells until the dilator, sphincter or orbitalis muscle of the iris of the eye is reached and fibers are modified to arrange for the particular array of light entrance (or alternative source of energy) which will activate the muscles which begin the series of previously patterned actions leading to liquid consumption.

(7) <u>Ion-Channel Development (See also italicized section at end of this Manuscript)</u>

To return, however, to our story of a developing globule, earlier in the story I spoke of a precursor of a modern organism called a spirochete that was a different kind of organism precursor than the early globule. I would propose the possibility that different varieties of organism precursors, such as those of spirochetes and globules and any other existent emerging organism precursors, developed from the same atmospheric elements and the same processes at work, but that the varying circumstances of their existence led to variation in the organism precursors. From these different circumstances, the substances making up the emerging organisms probably varied to some extent so that if one invaded another, new

substances were brought to the invaded entity. That said, now I shall speak of the great change occurring to our globule that I imagine resulting from an invading spirochete precursor and of the manner of handling that change which will be a paradigm for future great changes.

A sentence from Margulis and Sagan's book, What Is Life, heralds the change that probably occurred in the first globules that are on a tract to becoming the living organisms of today. She writes, " . . . spirochetes actively feed on the metabolic leftovers of the cells to which they attach." (p. 123) Perhaps as the contents of the globule contract with receding energy and a period of influx of outside molecules cycles around, then spirochete globule precursors, who have been taking in the expelled products of this other globule type are pressed into the waste excreting area of its wall. Previously, the interior environment of the globule was always able to be moving toward balance as light waxed and waned because the degree of this waxing and waning was matched by the degree of osmotic influx and efflux of molecules in and out of the globule. However, when the osmotic process became blocked by spirochete precursors riding in on the inward tide, the vacuum created within the globule was not able to be filled by incoming substances and the urge of contracting molecules to have those substances that would let them stay balanced becomes so great as to create circumstances for different kinds of processes to occur, processes that will make use of elements brought by the spirochete precursors.

Major changes to our developing globule were quite possibly brought about by the blockage of its osmotic capacity. First, I would speculate that the advent of spirochete precursors led to our globule having an additional amino acid, or some form thereof, with which to work. From this situation perhaps there formed the first proteins by means of the combination of this new amino acid substance with glycine elements of the globule. The blockage of the former influx of molecules into the globule possibly resulted from the formation of protein plugs in what is becoming, or is to become, a double-layered wall.

Earlier, in connection with the modern-day process of sperm fertilizing eggs, there was a description given of the sperm penetrating the covering of an egg cell "by a combination of mechanical propulsion by movements of the sperm's tail and digestion of a pathway through the action of acrosomal enzymes." Later, it is mentioned that the acrosin enzyme of the sperm binds to the egg cell wall and breaks down the protein of which it is composed, all of this leading to a "rapid intensification of the egg's respiration and metabolism."

Presumably, there are no enzymes yet to replicate what the acrosin enzymes of the sperm are doing to the egg cell, and there is probably no protein yet in the globule wall, but then, if I think of the sperm as a descendant of the spirochete precursor and the egg cell as that of the globule precursor, I can suspect that we are teetering on that moment before there comes into existence the type of protein through which, much later, the sperm must digest its way. The "possessed corkscrews," these "most rapid swimmers of the entire bacterial kingdom" who can "literally screw their way through mud, tissue, and slime," as described by Margulis and Sagan on page 122 of their What Is Life, do presumably press their way into the walls of the globule. I would propose that where they pass there will come to be "holes" through double-layered walls that are very specialized passageways for the influx and efflux of molecules. These holes, or passageways, which are called ion channels, are composed of proteins and the proteins have water-hating ends and water-loving ends. I have envisioned the process of the development of these passageways as involving the water-hating ends of the

proteins sticking through the two layers of the membrane wall joining up their water-hating ends in the space between the membranes and then the water-loving ends of the proteins facing outward from the membrane walls toward the non-water repelling extracellular side of the double wall and the likewise non-water repelling intracellular side. In this way a protein channel through the water-hating membrane walls is formed that can, under specific conditions, accept molecules that would otherwise be excluded by the lipid (water-hating) membrane walls.

I would propose that the advent of the spirochete precursor invasion was in conjunction with changes it brought to the entire globule that resulted in its need for ion channels as passageways for molecules in and out of the already more complex entity – an entity possibly which is just now on the brink of being a living organism.

(8) Invagination, Development of Muscle Fiber Types, Motor Neurons and Ion-Channels

I suggested at the beginning that the difference between living and non-living collections of matter was to be found in the capacity of the collection of living matter to respond to its environment in a non-passive way. Further, I suggested that this capacity might have developed from a situation in which chance movement became predictable, organized, controlled movement. As one works with these ideas, it becomes progressively easier to understand that the difference between what we would think of as chance movement and controlled movement is only a matter of the degree of complexity underlying the one as compared to the other.

I have spoken of our first globule as existing in a continuously changing state due to the varying levels of pressure within it as light waxes and wanes. I am at the stage now of proposing circumstances for the first development of what becomes modern-day DNA as well as its supporting structure. These additions to a developing organism are the aspects that permit it to seem to have control over its movements. However, the DNA develops and operates from the same need of molecules to maintain a balance as is seen in any other situation involving matter. So living organisms appear to make decisions about whether to move or not and which direction to move when in actual fact all of these decisions grew out of molecules of one thing or another needing to do this or that in order to be balanced. A movement to the right toward a source of liquid would satisfy the molecules of the procuring system that was tied to the molecules of the distribution system that was tied to the molecules of the particular system that becomes unbalanced when not enough liquid is consumed. The more extensive and complex the DNA becomes, the more extensive the permutations can be of the basic idea of a move to the right procuring liquid.

It would seem to be the conjunction of the effects of the particular substances brought to the first globules by the spirochete precursors which results in an entity that seems to possess controlled movement. I have spoken of the possibility of ion channels coming into existence with the spirochete precursor invasion. Ion channels become passageways that can respond to more specific controls on their admission and rejection of substances than was possible with the osmotic influx and efflux that resulted from the more generalized activity initiated by the energy source.

A second change brought about by the blockage of our globule's osmotic capacity as its wall is invaded will be mentioned now in the potentially appropriate place in the proposed series of occurrences, but would probably need to be developed after other changes have been described. I speculate this second change resulted from the vacuum created within the

globule as light wanes and the osmotic influx of substances is prevented by the invaders having the effect of blocking the former osmotic channels. I propose the exterior pressure of the outside environment on the wall of a globule whose contents are compressing is such as to cause the inward collapse of a portion of it and the first invagination of the wall occurs. Effect of this invagination will be mentioned presently.

A third change to the globule, probably resulting from the interaction of substances brought by the invaders with those of the globule, is the formation of the first hemoglobin molecules as well as a heme protein, myoglobin, "that occurs naturally in muscle cell." (Pulmonary Physiology by Michael G. Levitzky, p. 156)

I have perceived of there being a delicate balance between the lengthening and recoiling that occurred in the developing wall of the globule which allowed the osmotic influx and efflux of substances. Somewhere in the midst of the development of a two-layered wall and of imbalance that is created by possible blockage by outside invaders, I am proposing that, not only does there occur the first invagination of the globule wall, but there also occurs the necessity for greater stretch in the inner wall of the globule. Perhaps the elements available due to the presence of outside invaders at the time of need of the inner wall to have greater stretch capacity allowed the formation of myoglobin, which would provide stretch capacity by a different process than by simple elasticity.

As indicated earlier much of the process of discovery of the functioning of a living organism that yielded the proposals I am making here resulted from innumerable hours over a number of years of working to identify and manipulate each muscle within my own body and to determine its relationship to all the others as well as the individual manner of functioning of the individual fiber types of each muscle. From that effort and from bits and pieces of what is known about the composition of muscle in modern animals and presently known aspects of its functioning I have extrapolated a very complex, greatly expanded concept of muscle functioning. There are a number of different aspects of this concept beyond those already mentioned that I shall begin now to attempt to present.

Before returning to the proposed role of myoglobin in providing a different kind of stretch capacity than simple elastic stretch, it will be useful perhaps to first include descriptions of the three different kinds of muscle fiber from Kandel/Schwartz/Jessell's Principles of Neural Science, pages 683-85. "Anyone who has carved a roasted chicken knows that its muscles are either light colored ('white' muscle) or dark colored ('red' muscle) . . . Most mammalian muscles are composed of a mix of three fiber types: slow-twitch fibers and two types of fast-twitch fibers."

"Red muscles are composed mostly of slow-twitch fibers, also called type I fibers . . . Muscles composed of type I fibers can produce relatively small amounts of tension for long periods . . . This fatigue resistance results from their reliance on oxidative catabolism, by which glucose and oxygen from the bloodstream can be used almost indefinitely . . . To support this aerobic metabolism, slow-twitch muscle fibers are surrounded by an extensive network of capillaries. They also are provided with . . . myoglobin, a heme protein that helps bind and store oxygen from the blood stream."

"White muscles are composed mostly of fast-twitch fibers, also called type II. The force produced by type II fibers rises and falls rapidly . . . Fast-twitch fibers are generally categorized into two subtypes depending on their metabolic processes and fatigue resistance. The fast fatigable (type IIB) fibers rely on anaerobic catabolism [no oxygen used] to sustain force output. They have relatively large stores of glycogen to provide energy . . . rapidly as

the glycogen is converted into lactic acid. However, the rapid depletion of glycogen stores and accumulation of lactic acid limit these fibers to brief bursts of force, after which they take many hours to recover fully. The other fast-twitch subgroup, fast fatigue-resistant (type IIA) fibers, combine relatively fast twitch dynamics and contractile velocity with enough aerobic capacity to resist fatigue for several minutes."

As regards the three types of muscle fiber described above I would propose that it might be found that the presence of myoglobin within muscle will be associated with the slow-twitch muscle fibers and the portion of the fast fatigue-resistant fibers that have the capacity for oxidative catabolism, i.e., aerobic capacity. Further, I would propose that the contractile ability of muscle is an exclusive property of myoglobin-containing slow-twitch muscle fiber along with the portion of the fibers of the fast fatigue-resistant muscle that contains myoglobin. As was stated in Principles of Neural Science ( ), slow-twitch muscle fibers rely on "oxidative catabolism, by which glucose and oxygen from the bloodstream can be used almost indefinitely to regenerate the ATP that fuels the contractile apparatus," and myoglobin is described as "a heme protein that helps bind and store oxygen from the bloodstream." It is indicated in Levitzky's Pulmonary Physiology that oxygen binds more readily to myoglobin than to hemoglobin. Therefore, "as blood passes through the muscle, oxygen leaves hemoglobin and binds to myoglobin." (p. 156) The author goes on to state that oxygen "can be released from the myoglobin when conditions cause lower P 's," by which is meant when there is less pressure of oxygen in the vicinity of the myoglobin.

I speculate that when blood supply in the vicinity of particular slow-twitch fibers or the oxidative portion of fast fatigue-resistant fibers decreases then oxygen is released from myoglobin to create the ATP that is necessary for the shortening or recoiling (contracting) of the fibers. The effect of the recoiling is to create the conditions necessary for the essential lengthening of the appropriate fibers of the muscle. The alternative manner of lengthening the appropriate fibers I would propose to be an arrangement of the body that allows the precisely sufficient quantity of blood to flow to these fibers. In this situation the myoglobin of the fibers binds oxygen to itself from the hemoglobin of the blood and, in the process, allows its fibers to lengthen by the amount of the oxygen that was available to be bound to the myoglobin. As we go along I believe I shall be able to show that the body utilizes a number of different energy systems, and each system has a very specific manner of regulating the quantity of oxygen to be carried within the hemoglobin to the particular group of muscles which that energy system controls.

This story began with the statement that the functioning of a living organism is to be found in its evolutionary add-ons, its accretions, and that the end of the story obscures the beginning. A primary example of this has been the accretions that led to the necessity for the adaptation of the aerobic muscle fibers (those with myoglobin) to have contractile capability. I would maintain that these fibers developed initially to be activated only to lengthen, and then automatically recoil, and this activation was mechanically achieved utilizing the gravitational axis of the body. The adaptation that gave myoglobin-containing muscle fiber contractile ability would not occur until partway through the chromosomal additions to the living organism. This adaptation would provide the organism with the ability to use the first of the chemical transmitters, glutamate, to force shortening on certain fibers within a given muscle in order that the necessary lengthening could take place.

These musings of Manuscript III from some years ago ended here, obviously in favor of subsequent years of "Notes of Eva Cary Nason," some of which will follow now to conclude Part 6 of this book and the book itself. From the years of speculations and Notes following Manuscript III came Parts 1-5 of this book. However, before I sift through boxes of "Notes" for any which might be relevant to add to the concluding section of Part 6, I shall add a final italicized section to this Manuscript III. It is something of a continuation of the previous italicized section in that it grew out of my wonderment as to how there can be a continuous flowing of intake/output as evidenced by our continuous breathing, eating , excreting, etc. in light of what I had written regarding Day 1, Day 2, Day 3 muscle use for the purpose of moving on intake.

I pondered along this line by considering again that each of the units (120 bones, each with 3 muscles) of my Bone/Muscle Table (as Scaffolds) is one of a set of 2 units which appear to have developed to perhaps initially trend toward the one being more of an intake "head-of-the-organism" unit followed by the second one being more of an output "tail-of-the-organism" unit. With some 60 of these 2-unit sets, my train of thought continued on in questioning whether it wouldn't have become necessary for the "flow" of intake/output to become constant even though I wrote previously of a Day 1, Day 2, Day 3 system of muscle use which seemed to require 3 days for the moving on of intake along one section of intake pathway with, seemingly, an entire year required for the intake to completely move on.

I thought about breath and that I had read that a human takes some 17,000 - 30,000 breaths in 24 hours. I thought about muscle fibers, a muscle said to contain some 170,000 - 400,000 fibers, and that I had read the following in my Kandel / Schwartz / Jessell <u>Principles of Neural Science</u>, 4th Edition: "A typical muscle is controlled by about a hundred motor neurons." The axon of each motor neuron, when it enters the muscle it controls, "branches widely to innervate anywhere from 100 to 1,000 muscle fibers scattered over a substantial part of the muscle. Except during development, each muscle fiber is normally innervated by only one motor neuron in only one place, usually near its midpoint. The ensemble of muscle fibers innervated by a single motor neuron is called a muscle unit, and that ensemble together with its motor neuron is called a motor unit. The number of muscle fibers constituting a single motor unit varies greatly in muscles in different parts of the body."

If I considered then a muscle of 170,000 fibers with one neuron controlling 100 fibers, then possibly my muscle would contain 17,000 motor neurons.

Now I considered the following sequence of possibilities:

Each bone of the body has 3 muscles associated with it, one per day for 3 days.

Each bone of the body (120 bones) serves for 3 days of the year as a primary pivot bone, having a different muscle for each of the 3 days, yielding (almost) 360 days / muscles.

Each muscle has somewhere in the vicinity of 17,000 - ~30,000 motor neurons responsible for manipulating it.

Therefore, it could possibly follow that each of 17,000 breaths in a day is associated in some way with each of 17,000 motor neurons of the muscle for that day for that bone.

I wondered if I might then conclude that the "flow" of intake/output had to become constant in order to service each of some 17,000+ motor neurons in a day. By the on-call motor neuron responding to a moment's breath cycle, then I speculated that movement of intake of some sort takes place in association with that motor neuron's activity, resulting in organism system-wide movement.

In connection with thoughts along the above lines, there has been continuing speculation about ion channels with which I shall end this italicized section.

For years I have wondered about the significance of the differing construction of the ion channels. Three kinds are described in the following way as I paraphrase from chapters of Kandel / Schwartz / Jessell's Principles of Neural Science: 1) Gap-junction ion channels are said to have 6 subunits with 4 domains each; 2) Ligand-gated ion channels are said to have 5 subunits likewise with 4 domains each; 3) Voltage-gated ion channels would seem to be different altogether with what look like 4 subunits with each having what appear to be domains, 6 or fewer per "subunit," but surely are different than domains in the other 2 types of ion channels.

I strongly suspect that gap-junction channels permit the energy for input of the on-call motor neuron mentioned above to be directly tied to the eye's spectral energy intake. I propose that the 6 subunits of the gap-junction channel represent the 6 bones of the scaffold for a given day's 3-day bone. I further propose that the 4 transmembrane regions (domains) in each subunit represent, by some manner, the arrangement of the body to the 4 dimensions in which it functions, that is, 1) to the time dimension by means of the orientation of the L5 / pisiform line to the gravitational flow, 2) to the down/up dimension by means of the orientation of the Mc Ss 2 / incus line to the flow, 3) to the right/left dimension by means of the orientation of the Mc Ss 1 / hyoid line to the flow, and 4) to the front/back dimension by means of the orientation of the Mt Ss 1 / patella line to the flow. The angle of these lines will be determined by the alignment of 1) the gyrus to the "tooth," 2) the skull bone to the body-frame bone, 3) the cervical, etc. vertebra to the finger bone, and 4) the thoracic vertebra/rib to the toe bone. All of these arrangements or alignments will be determined by the muscles specifically associated with these structures (except that the adjustment for the gyrus probably depends on arrangements of the specifically associated cranial nerve / spinal nerve / dermatome of the body whereas the adjustment for the "tooth" will depend on the associated zonular fiber of the eye.)

I speculate that the output for a motor unit's activity in a breath cycle by way of gap-junction channels quite possibly travels back through the 2-way gap-junction channel to be emitted by the layers of the eye.

So soon as L5 sags out of alignment, I speculate that direct messaging along the spine from the cervical vertebrae through the thoracic vertebrae is disrupted and communication then has to jump across the disengaged thoracic spine. It might follow that this communication is done by way of ligand-gated ion channels and chemical messaging.

I propose that the 5 subunits of the ligand-gated ion channel represent 5 members of the bone/muscle scaffold with the first member, the skull bone, missing from the number of subunits.

The 4 transmembrane regions (domains) of each subunit continue to represent the orientation of each dimension to the gravitational flow, but now there will be statis in the first dimension, that of time, because the organism is no longer in the gravitational flow having to change to accommodate itself moment by moment (or breath by breath) to the flow. All of its other dimensions are now altering to accommodate the organism to the place at which it is stuck unmoving in the flow.

The eye has closed down to the manner in which it was open when gap-junction channels were able to be used so that the energy for the motor unit's activity in a breath cycle has to be by means of chemical messaging. Ligand-gated ion channels are not 2-way.

Therefore, the output resulting from the motor unit's intake activity during a breath cycle will be through chemical changes of intaken material and material output. This output will be through exit channels represented by expulsion systems culminating in the urethra / armpits / nipples / anus / an eye layer / vagina or penis.

Finally, I propose that when the time dimension line between L5 and the pisiform is not broken because L5 has not sagged out of alignment, but, however, a line between the primary 2 structures representing one of the spatial dimensions has broken, then voltage-gated ion channels will become necessary. The messaging along the thoracic spine has not been broken but has been warped so that gap-junction channels can no longer serve for direct messaging. There is a preponderance of pressure / pull / whatever to one side or one end of a spatial dimension affecting electrical aspects of communication. In this situation, I strongly suspect the 4 polypeptide subunits of a voltage-gated ion channel represent the 4 dimensions and the membrane-spanning regions of each subunit represent the unbalanced bones of the bone/muscle scaffold (often 6 of these membrane-spanning regions per subunit). Perhaps the P region possibly lining the pore is between the membrane-spanning regions represented by the primary structures unbalanced to one another which can be manipulated or adjusted by electrical means.

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Possibly for anatomical drawings
depicting structures of the eye
having to do with its
Zonular fibers.

Notes of Eva Cary Nason – September 12, 2003

CHRONIC UNEASE AS A FUNCTION OF CHRONIC HORMONE SEEPAGE

In conversation with a friend yesterday morning, the theme again was the subject of the exchange of the carefree, invulnerable, all's-right-with-my-world attitude of our youth for the harried, worried, obsessing, maybe-I-can't-cope attitude of subsequent years.

My friend talked of the exchange in terms of changing values, maturity, reality awareness and such nebulous concepts. For some reason I felt prepared to confront these nebulous concepts with my perceptions of what is actually happening at the level of material substances in our bodies and their interactions.

I think I was the one who initiated the discussion by means of my response to my friend's inquiry as to how I was doing that morning. I expressed my frustration with the brevity of, and the uncertainty of achieving on any given morning, the sense of well-being which caffeine can give. I stated again that much of my effort in my book project was underlain by the desire to determine exactly what all the particles of my body were doing which allowed me to have that sense of well-being.

Thus my friend spoke of the care-freeness of her youth as contrasted to her chronic concerns about this and that now.

I expressed again my conviction that the change we undergo is nothing more than the changing configuration of parts of our body. I spoke of our sense of invulnerability as young people being apt to give way in a situation of real or imagined danger, just as in the older person, to allow us all to have the necessary adrenaline flow to seek safety in flight or fight or defense of some kind.

Then I suggested that perhaps for the healthy young person with good strong muscles, the adrenaline flow is a momentary reaction in response to a particular stimulus which causes various of our muscles to configure, or arrange themselves, differently than normal. In the young person with good overall muscle tone, the abnormal muscle configuration associated with the fear response reverts back to the normal configuration when the fear stimulus disappears. As we get older, muscle tone diminishes and those hormones pumped into us momentarily when we're young as a response to fearful situations, begin, as we get older and lose muscle tone, to seep chronically into us, giving us chronic unease and a chronic sense that we must stay on our guard and always push to get ahead to safeguard our future, etc. No more can we just let things take care of themselves while we simply take pleasure in engaging in matters of the moment which may or may not safeguard our future.

I went on to suggest to my friend that obsessive/compulsive traits in young people (such as perhaps some wreaking their woe on my daughter who became tearful too often maybe because she was years-long engaged in the huge effort to safeguard her future by getting a PhD), which create in them a sense of chronic concern in some particular area, might develop because they were in situations, when quite young, which were chronically uncomfortable to them thus causing particular kinds of abnormal muscle configurations that became normal by means of loss of tone in those muscles (these abnormal muscle configurations having developed originally eons ago in living organisms to serve as only momentary configurations for the sake of a momentary concentrated response to danger.)

The chronic concern resulting from chronically seeping hormones is mitigated a greater or lesser portion of the time by those things in our life that give us pleasure because anything pleasurable, or even its anticipation, causes a rise in what I perceive to be muscle tone. Thus, thinking about, or having, a meal or a snack or being with friends or chilling out with a good book or movie or going for a walk, etc. dispenses with the seeping, obsessing hormones until we come back to situations worrisome to us.

I have been concerned a bit by my differing attitude as I have constantly developed increasing capacity to engage in "optimal" functioning. Things for which I am responsible seem not to be taken care of in a way which in the past would have almost literally given me heart palpitations and kept me awake at night in worry. Now I simply assume these matters will be taken care of when I can and if they're not, I'll handle situations as they present themselves. I don't like the way I live at the moment, all of the disorder and uncertainty, but I'm accepting of my situation and confident I will slowly change it to my liking and am no longer inclined to engage in the misery of obsessing about it.

I suspect "happy" pills have some way of replicating the effect associated with the maintenance of a level of muscle tone which prevents "unsettling" hormones from seeping into our bloodstream or renders those hormones ineffective if they do.

Notes of Eva Cary Nason – 9/2004

HIERARCHICAL PROGRESSION OF FORCES PROBABLY MUST HAVE THEIR PARTICULAR PARTICLES BALANCED BEFORE STRUCTURES OF AN ORGANISM CAN ALIGN SUFFICIENTLY FOR A MOVEMENT TO OCCUR

In considering movement of the body, there would seem to be a hierarchical progression of forces whose particles must be balanced in some way before a movement can occur. The force which would seem to be farthest removed from the gravitational force in the hierarchical progression (?strong, ?magnetic, ?electric, ?weak), whose particles are unaligned, will possibly be the one which must first produce balancing substances to compensate for the misalignment. If there are other forces with unaligned particles higher along in the progression toward the gravitational force, then they too probably must produce their particular kinds of balancing substances to compensate for their particles' misalignment. Each movement then would seem to require the alignment, or substance compensation for misalignment, of a hierarchy of strong, magnetic, electric and weak force handling devices of perturbations to the gravitational force in order that a movement which cannot be handled directly by the gravitational force due to perturbations can take place.

I would predict that that which must be aligned to dismantle the needs of the strong, magnetic, electric and weak forces in order for no substance production to be required will be a particular bone, or set of bones, for each instant of the day (along with an entire series of other structures which will fall in line and can be used themselves as aligning structures.)

Notes of Eva Cary Nason – 9/6/04

LACK OF ABILITY OF LIVING ORGANISM TO CONSTANTLY ALIGN ITSELF TO THE GRAVITATIONAL FORCE RESULTS IN ITS RESEMBLING A ROCK ON A HILLSIDE WITH NO INTERNAL MEANS OF REMAINING BALANCED ON THE HILLSIDE

The point of all this instant by instant changing of our structures (see tables) is to keep us aligned to the constantly changing gravitational force on us so that eventually we don't give way like a rock which can no longer maintain its balance on the hillside and has to roll down the hill. The more aligned we are to the gravitational force, the more easily we move within the band of atmosphere in which we, individually, exist.

At the Big Bang, it's just occurred to me to wonder if what happened was a release of gravitons, the energy particles for the gravitational force, and matter came into existence as gravitons were perturbed.

Notes of Eva Cary Nason – 9/18/04

ELECTRON ORBITALS – FIRST ACQUAINTANCE

The past several days have been a period of great insight activity. The insights began with the comment in P. W. Atkins' The Periodic Kingdom on page 5 about the only two lakes in the periodic table landscape being at bromine and mercury. I had the little idea that this could be a clue as to which bones developed at the place in the Periodic Table of Elements in which bromine and mercury are found – probably due to the need of the developing organisms to have yet another, and then later still another, very special kind of structure/bone to keep the organisms oriented to the gravitational force . . .

Notes of Eva Cary Nason – 10/20/04

If matter is created as a means of handling perturbations to the gravitational force, then would that not mean that matter disappears as the gravitational force becomes whole again?

The entire body of my work has always pointed toward a contracting universe, in which the gravitational force is pulling itself back together again.

Notes of Eva Cary Nason – 1/8/05

Sensation has been a primary basis of determining the relationship of sets of body parts as found in my tables, i.e., the relationship of one muscle to another, one bone to another, a muscle to a bone, etc.

The ability to utilize sensation in the above way was never more gratifying than it proved to be several nights ago. . . .

The gratification stemmed from the distinctness of the sensation associated with a specific bodily structure during a specific time period, as well as the distinctness of the shift to the next structure at the relevant time. The ability to have these distinct sensations, I believe, is based on my having developed the capacity to eschew jaw protrusion (or retraction as the case may be). The importance of this capacity is based on the role of the jaw in the functioning of a living organism. I speculate the ultimate effect of the jaw's many non-optimal positions is to remove the organism from its participation in the gravitational collapse time frame of the larger system of which it is a part. This likely causes it then to engage in radiation retention resulting in at least momentary abandonment of participation in the gravitational collapse time flow of its larger system. To handle radiation retention as its basis for functioning rather than its participation in the gravitational collapse time frame, the organism begins to rely on a specific set of structures for all its functioning to which it accommodates all other structures rather than evenly cycling through all its structures, each in its turn as primary in its functioning at a given time. In this case, there would not be the shifting from one structure to another, which I mentioned above, to provide the sensation of which I spoke.

I would also propose that an optimally positioned jaw allows for the entry of light into the organism, perfectly balanced, to permit its journey through the organism to take the form of interference patterns and a coherent journey. Any non-optimal jaw positioning (protrusion, retraction) results in defracted light and incoherence.

(Second note of day)

I have perceived of the possibility of a human organism existing as a permanent part of the gravitational collapse time frame of its larger system, without having to exit that time

frame even momentarily due to radiation retention (I can exist in such a way as to be transparent to any radiation taken or produced).

So is it that my entity has the capacity to represent at every moment the entire scope of the fine-structure constant?

Lawrence Krauss writes on page 58 of Atom, a page I've just serendipitously reread this morning**:** "On the Pacific atoll of Eniwetok on November 1, 1952…it is quite possible that all the elements ever created in the universe, and some that may never have existed before, were momentarily assembled, at the same time that every living thing on the island of Elugelab was instantly vaporized. Humankind had harnessed the energy of the stars, in a bomb called Mike." (In comparing the above fusion reaction to the Big Bang, Krauss adds, "And the Mike explosion barely produced enough helium to fill up a large weather balloon.")

He ends the section on Mike**:** "It may not have been until the Mike explosion that atoms on Earth first re-experienced the intensity of their birth pains, but even before that awful mushroom cloud rose over the Pacific, physicists had begun to realize the alchemist's age-old dream of transmuting elements."

I cannot get away from the ongoing sense that the living organism has the ability to transmute all the elements and then break them back down again. And when we are functioning at our maximum capacity, which likely no human has ever done, then we have succeeded in assembling all the elements into some perhaps energy-conveying whole. (Gravitons?)

I strongly suspect that mitochondria are involved in the need for energy storage bins as possible transmutation of elements within an organism occurs. (Read and possibly quote parts of pages 150-158 in Christopher Wills and Jeffery Bada's The Spark of Life.)

I can perceive of a living organism – if it could ever achieve what I am imagining to be its innate ability to represent at every moment the entire scope of the fine-structure constant, that is, assemble all the elements in a proper whole for that organism's particular location within the universe – having as its real function in the universe to be to take in elements which it can transmute toward the parts needed to make a graviton.

Notes of Eva Cary Nason – Written 1/22/05

I was discouraged last night in anticipation of the usual quandary I would find myself in this morning as to which one of my formidable tasks I should ineffectively attempt to work on.

Not to worry! I awoke to the effort of properly aligning my left hyaloid canal to my right, with the constant attention-requiring effort to provide aid in my first endeavor by means of aligning what I believed to be the day's relevant skull bone and body bone. It requires almost constant concentration, it seems, to keep that alignment from slipping.

In the process of the effort to maintain alignment of my left hyaloid canal to my right, I discovered that the parts of me I used for so long in the hours of constant singing I did before my ex-husband left (while he was at work) – parts which have been utterly neglected for the three years since his departure – were rife with sag. Then, I strongly suspected I had discovered the source of the slippage-causing disruption to the alignment of my hyaloid canals. I must now eliminate sag in my larynx, which likely causes misalignment of the pharyngeal raphe.

I believe incoming light is involved in altering bone. If the hyaloid canals are aligned I believe incoming light does whatever it does by means of interference patterns, the peaks and troughs of light's integrated waves. If the hyaloid canals are not aligned, then diffraction occurs. All the developed structures of the retina (rods, cones, etc.), probably as

well as the choroid, become involved in processing diffracted light, in order that it might be taken in by the body in such a way as to not dysfunctionally unbalance the body.

Whatever the way in which diffracted light is/might be taken in, I speculate that it plays a role in the shape that bones will take and maintain, and that the resulting bones will not be perfectly balanced for the use or manipulation of the cosmic flow. As a result our sub-optimal functioning necessarily prevents us from being self-contained entities, so that we alter our surroundings by causing blips in the cosmic flow which must be adjusted for.

The above thoughts sprang from initially thinking about the peaks and troughs of integrated light flowing, or waving, through me in proper interference patterns, and imagining this flow having a pulsating effect on bone tissue causing it to increase or decrease where appropriate. This vision resulted partly from suddenly remembering the manner in which the doctors finally caused my ex-husband's broken collarbone to knit back together after it had been pinned together. They introduced a device, with batteries I believe, which sent an electrical pulse to the parts of the collarbone causing it to grow. I am visualizing the same process at work in the constant shaping of our bones from the manner in which light enters our eyes.

Physicist, Lee Smolin, comes to mind leading to thoughts of string and loop theory, and the inevitable effort to relate the one and the other to various aspects of my latest insights. So I wondered whether strings might be evident only when there is coherence, and loops become necessary when decoherence raises its head.

Smolin speaks of loop quantum gravity as having no problem with accommodating the gravitational force but, rather, its problem being its tendency toward background dependence, whereas string theory cannot accommodate the gravitational force but displays background independence.

So I wonder this morning whether a coherent universe of strings would exhibit difficulty in dealing with the gravitational force because in such universe there is no perturbation to the gravitational force. Thus, since there are no blips in the gravitational flow, the gravitational force disappears from view or from the need for consideration as to how to deal with it. There would be background independence because everything is appropriately in its place as part of the flow**;** there is nothing outside of time – time being the cosmic/gravitational flow.

However, in a decoherent universe, its parts are outside of time engaged in handling perturbations to the gravitational flow, and this makes for a background separate from the stream of the flow. The gravitational force becomes evident, and something maybe for which the mathematics can be derived, to show how it fits with the background which perturbations to it have created. The background is that which is formed by the loops.

Notes of Eva Cary Nason – Written 1/23/05

Yesterday was a pleasant day of overcast skies with just a little drizzly mist. As I wrote yesterday, it was a day of ongoing concentration on achieving and maintaining proper alignment in my bones and in my eyes' hyaloid canals. It seemed to be done with an unexpected/unaccustomed ease and left me feeling quite upbeat and functional all afternoon.

I repeated yesterday's pattern this morning, but it has not felt quite so easy to maintain the alignment and I've felt less upbeat. I'm wondering if the difference could have to do with the brilliant sunshine of the morning. If the flow of the sun's radiation is counter to the gravitational flow such that the living organism must accommodate this "headwind-" like backwards-flowing radiation in order to remain functional in the gravitational stream and if the organism's parts are not perfectly formed to allow the radiation to enter it as an

evenly balanced wave with the perfect alignment necessary for forming overlapping peaks and troughs, then any effort to force improperly formed parts to align themselves so as to, more or less, allow the sun's radiation to enter the organism as an evenly balanced wave, is going to require a transduction of energy. This transduction is from the parts and processes which had developed to formally handle the broken up (diffracted) wave of radiation, in order to compensate the misformed parts now being required to handle an intact wave.

I am speculating that the clear skies of today allow a bit more of the backwards-flowing radiation to wash over us organisms. This is energizing if we are functioning with the processes we've developed over the years to handle radiation which diffracts upon entry into our eyes, and which presumably serve eventually to hold us more and more incapable of moving along in the gravitational stream. However, if we should attempt to force these processes to transform themselves back into substance (from which they come), which will rebuild the parts to be properly formed to always accept the sun's radiation as an evenly balanced wave, then a day of beautifully clear skies may provide so much radiation as to swamp the effort of transformation.

Notes of Eva Cary Nason – Written 2/3/05

The solution to the mystery at the heart of quantum mechanics just has to be based on there being a cosmic, a gravitational, a time flow. If a particle has momentum, then it is a part of this flow, and the flow is all there is**;** it is without dimension and, presumably, distinction of its parts. Therefore a particle with momentum cannot be distinguished by its location, for it is existing without having taken on dimensions. It is no different than any other particle whose momentum can be measured in that its particular momentum gives it its participation in the wholeness, the oneness of the time flow.

On the other hand, if the location of the particle can be measured, then the particle has been forced to step out of the time flow. It has lost its momentum – and become part of the realm with dimensions, which serve to map the path of departure of the particle from the time flow.

Notes of Eva Cary Nason – Written 2/3/05

One of the implications of my construct has been the possibility of there being an underlying truth to many of the myths, religious and otherwise, we've come up with for explaining our universe. I am thinking today of the concept of our having been formed in the image of God.

I posit that a living organism, in particular the human organism, exhibits within itself a form of all the parts and processes of our universe. Then it would not be inaccurate to speak of the human as having been formed in the image of God, insofar as God represents all that is a part of our universe.

Notes of Eva Cary Nason – Written 4/16/05

In Pagels' Perfect Symmetry, pages 287-288, concerning a Dirac string, I can easily imagine our universe coming to exist because of the presence of a Dirac string created at the Big Bang extending to the end of the inflated universe, thus producing a string which can never be physically detected. This would probably be then what I have constantly spoken of as the gravitational flow**:** a Dirac string extending out from the Big Bang with radial magnetic field lines emerging from its tip, these lines of force swinging back to reenter the

beginning of the line at the Big Bang.

Maybe this Dirac string has only so far extended 336/360 of the distance necessary to produce perfect field lines which perhaps, when perfect, would allow our universe to condense back to a point and disappear.

Perhaps the existence of magnetic field lines is synonymous with their outer limit serving as a "membrane" in the sense that particular kinds of things happen to particular particles which enter these outer limit "membranes." From this standpoint, if I think of this outer limit membrane as enclosing a system of some sort, then I can come back to my theory of our universe being a series of nesting dolls, each smaller system reflecting a larger system.

Then I can think of everything outside a living organism on earth, inanimate matter, as part of a larger energy system, probably the solar system. Perhaps if the extent of its "magnet" has some 14/15 ratio like the original Dirac string, it can then be a nesting doll reflection of the larger system.

I came to the above speculations by way of the back door. That is, my conviction that the human-organism-energy-system entity is itself a nesting doll reflection of the larger system leads me to imagine that our solar system, comprising the sun as the energy engine, must also be a smaller version of the original Dirac string.

Notes of Eva Cary Nason - Sepember 30, 2006

My original question from 1992 or thereabouts was "Why do we breath?"

Now the question is "Why is there back and forth?" which underlies breathing.

From 2016 editing of September 30, 2006 Notes**:** I would speculate that when there became a "forth" due to a Big Bang, then, thereafter, there always had to be a "back" due to gravitational attraction. I further speculate there <u>will be</u> a "back" once there has been a "forth," no matter what, and after the "forth," which has made the necessity for the "back," then the "forths" will serve as mapping states until conditions are met which allow the constant interspersed "backs."

I would also predict there has to be some aspect of the "forths" (toward expansion) which will eventually lead to the "backs" (gravitational attraction), a prediction which leaves me considering living creatures to be ratcheting mechanisms toward expansion but whose development toward consciousness will inevitably lead to their discovery of the way "back" from their dimension-embedded, friction-laden path toward demise. I perceive of them learning how to move toward dimensionless participation in the gravitational stream "back."

There was a moment of epiphany perhaps at some time during the 2004-2006 period* in which I achieved that first breath cycle based on intake during proper bodily extension with the subsequent output during proper flexion. Sensation told me something extraordinary had happened. Now that I am able to achieve these intake/extension - output/flexion cycles for extended periods, I am sensing myself to be a ratcheting mechanism either assisting our universe toward greater expansion or toward the contraction which I cannot help but think is inevitable.

*(There will surely be a Note describing this epiphany in my boxes of Notes but today, November 13, 2016, when so many of my much younger friends are dealing with serious medical conditions such as cancer, I am feeling the need to abandon the effort to go through all the boxes for relevant material in favor of a concerted effort to disperse this book summing up all the years of Notes. Just possibly, it could be determined if my "insights" could be of help in determining the source of a number of serious medical conditions.)

Notes of Eva Cary Nason - October 7, 2006

It seems a long time ago now, well before that life-changing process culminating in the March, 2002 departure of my soon-to-be ex-husband that I discovered and wrote of aspects of the mechanism of singing which would be echoed in the mechanism involved in all other kinds of movement we organisms make.

I revisited the singing issue several mornings ago and found it to provide a beautiful model for probably all other functioning of organisms. While reclining after breakfast in hopes of marshaling some too frequently absent energy, I began singing. Then, observation set in which led to conclusions along the following line.

In order to keep a sound with the same timbre (if that's the correct sound quality to which I am referring) throughout the range of a voice, it is necessary for the sound-carrying air stream from the larynx to contact the same reflecting point on the pharynx continuously. In order to do this, the larynx must remain flexible, agile and instantaneously responsive to minute alterations in body structure alignment. I would propose an ordered set of sounds, such as found in a scale or a musical line, is built into the very way in which organisms and the universe is constructed or how they developed. This results in our bodies having built into them an innate ordering of sounds so that if our bodies are free of any hindrances to their spontaneous response to this innate ordering, then the larynx will be manipulated to reproduce a song line with perfect pitch and consistent timbre by continuously placing the correct air stream in the same place along the pharynx.

However, that's not how we function for the most part. We freeze the larynx in place and the stream of song-carrying air coming from it hits different places along our pharynx to be reflected outward. And thus it is with so much of our movement. There are elementary particles (themselves constantly altering) throughout our bodies cyclically responsible for responding to every quantum of time's changes in the material world extending out from that particle. Thus, it is most probable that nothing which occurs within ourselves is ever repeated in this universe, for everything is always changing in relation to everything else. I propose that we can exist in such a way that the "forward" change which occurs can occur in us by our functioning in such a way that all our particles are free to respond to their quantum of time's forward change, or we can exist with frozen in place particles such that that which is outside us carries the forward movement and we represent backward movement until we become too weighty as individual entities to allow the forward movement of the environment of which we are a part to carry us with it anymore.

Notes of Eva Cary Nason - October 7, 2006

I worry the question of how the bones of the body parallel the structure and activity of the elements.

Could it be that the optimal functioning of which I speak depends on an alignment of the body in any given instant which allows the electrons of the element on which that instant's pivotal bone is based to traverse the nucleus; no nodal planes will have been erected within the element and all electrons will receive enough energy from the gravitational flow to be puffed up into s-orbitals?

Then, I seek to answer the question regarding why my optimal functioning state remains so fragile. It requires mental concentration in order to maintain it. I suspect its fragility has to do with the lineage of the human organism having developed so many nodal plane-fraught states in which to operate, each one requiring what is in actual fact probably a lesser energy than gravitational energy. In this scenario the energy gradient would be the gravitational force (surely the source of all other forces) as the strongest (seemingly weak

because dispersed into so many other forms of energy), then the strong force, magnetic force, electric force, weak force and whatever else there is.

Perhaps the answer to this question regarding the fragility of the state of optimal functioning hinges on the issue of what the cost is to the nodal plane-free element as nodal plane-fraught states come into being. I'm betting that body fat, which must be tended, is one of the costs; any material substance brought into being as aid to nodal plane functioning must be tended.

Therefore, maybe when I functionally enter the direct stream of the gravitational force, a portion of the gravitational energy goes into doing whatever is necessary to pull along the material substance of nodal-plane-functioning aids. Thus, the quantity of energy available is lessened for the normal movements I had learned to make in life based on nodal plane-fraught functioning which required lots of aids involving purpose-directed activity toward providing shelter and clothing and food, etc.

February 2, 2010 PENDULUMS, NOT TURTLES

It's not turtles all the way down (an anecdote from a Stephen Hawking's lecture), but rather pendulums all the way out. It's a continuous series of synchronized pendulums, each with structures that can stretch out the trajectory of the pendulum swing such that it does not make a 360 degree circle in the context of a universe made up of gravitational energy traveling at constant velocity in a constant direction, i.e. it does not arrive back at the same spot in the flow of the gravitational stream when its swing is ostensibly completed. This swing is never completed but is a spiral within a creature whose structures are not aligned to give freedom to constantly adjust to fit the flow of the gravitational stream.

The expansion of our universe would then be due to the components of outward spiral of all the pendulums with their stretching-out structures which allow trajectories of their swings that stay frozen in place rather than accommodating to the gravitational flow.

In considering the above concept it is difficult to not immediately visualize a section of spiraling DNA. It is also difficult to not entertain the notion that a key to the combining of the four bases to form amino acids could be found in analyzing the manner in which a creature's pendulum swing does not complete a 360 degree circle in the context of the gravitational stream flow. It is possible to imagine that the four bases represent the four dimensions with G, guanine being time, C, cytosine being down/up, A, adenine being right/left and T, thymine being front/back. The way in which a creature combines the bases to form his DNA spiral would represent the way in which his pendulum swing fails to form a complete circle.

To carry the imagining even further, I would venture to speculate the possibility that G will involve structures represented primarily by s-orbital elements of rows 1, 8 and 9 and their helpers, i.e. certain bones of the skull and the teeth, C those represented by the other s-orbital elements, those of rows 2-7, and the p-orbital elements, i.e. the body-frame bones, A by the d-orbital elements of rows 4, 5, 9 and 6 (+ this row's f-orbital elements) i.e. the non-thoracic vertebrae/sesamoids and finger bones, and T by the d-, f-orbital elements of rows 7 and 8 of the Periodic Table, i.e. the thoracic vertebrae/ribs and toe bones.

May 30, 2010 SEX AS JUST ANOTHER INTENSE ITCH, THE NEED TO DISSIPATE RADIATION

The intensity of the itching at particular places along the base of my occipital bone and at the top of, and on down, my Achilles tendon has been so great and so without ability

to be finally appeased or satisfied that I began thinking of it as a sexual orgasm one has intimately approached, and is desperately desiring, but can never quite achieve. This led me yesterday, in my third month of this terrible itching, which was just along the occipital bone during the first 3-4 weeks, to consider that the sexual urge is actually a sort of itch, the one at the end of the chain of the six effluent channels possessed by the body for ridding itself of excess radiation through the 24 hour period of rotation of the earth, these channels being the bladder, armpits/skin, lactiferous ducts of the breasts, anus, eyes, vagina/penis.

I have had to come to assume that my itching is the result of the on-going excess of radiation I am creating by forcing the chronically contracted muscles of my body to stretch out back toward a body balanced in all its dimensions rather than one becoming more and more unbalanced by the normal aging process, with concomitant chronic muscle contraction to hold it together to remain functional at all. I have speculated that the excess radiation could take the form of what we decree to be viruses and I am dispersing all the ones I have "taken on" over the years. I speculate that they are plaguing me during this part of the year because I am at the end of my 360-day year with the body structures associated with the toe bone fulcrum structures of these last days as the last refuge of my life's accumulated viruses. So maybe in the end viruses are simply whatever it is that allows for chronic contraction of muscle fiber.

I suspect that the problem created by the itching is that the effluent channels previous to the sixth one lost their way to go to a means for their own final radiation dispersal simply because it was sufficient to shunt forward excess accumulated radiation to the sixth effluent channel with its means of final dispersal through sexual activity with its orgasms and offspring or the various mental/physical processes that allowed for sublimation. This would have been in the context of there being little occasion for concerted proper muscle stretch of chronically contracted muscle in a properly aligned body since knowledge of such was not available. I speculate that when occasion arose that forced a critical amount of muscle stretch of chronically contracted muscle on a given human, it would not have been in the context of occurring in a properly aligned body and the result would be radiation not dispersed from the body but handled in such a way as to create some of its great maladies and diseases.

Footnote: After almost 3 months of terrible itching, which found me sitting with my lower legs in a bucket of water whenever I could, and my head wrapped with wet clothes as the only relief to the itching, a couple of days after the end of my 360-day year the itching was simply gone. This was one of the few times in 15 years in which I had visited doctors, three of them, and there was no help or explanation forthcoming.

Notes of Eva Cary Nason - June 7, 2014

I went to a friend's yesterday for tea and a chat. Our conversation included a question as to what a relative will be doing now that she's resigned her job.

My friend spoke of hearing of a woman who lost both her arms to some flesh-eating disease who was now learning to manipulate prosthetic fingers and how thrilled my friend would be if she had been the person able to help this woman. My friend wondered whether my relative might not find something thrilling to do like that.

I don't remember what led me to say that I doubt I would experience a similar thrill because it was just one person being helped when there were so many needing help, and it was my wanting to do something for the "big picture" such as for all humanity which could have possibility of inspiring me.

I was a little disturbed when I came home by the impression I felt I gave. Therefore, later I called my friend to say the following**:** it's not that I don't care about the one person. It's that I care about all persons and all sentient living creatures. Anything I can do for one creature can't excite me too greatly when there are all the others whose suffering I think I feel too keenly. So that's why I want to change the whole game plan, the universe as we presently know it. Helping the one needs to be done, but it would give me little relief from knowledge of the general suffering.

After I began my phone comments to my friend, she laughed and said, "No, she would not have imagined I didn't care about the one person when she knew I couldn't even kill a cockroach!"

Notes of Eva Cary Nason - April 2, 2015

Today I googled Earth Year Length and found **spacemath.gsfc.nasa.gov/earth/6 Page 58.pdf** (I think page 43).

This showed the earth year as having decreased in length from 486 days in the Cryogenian Period 900 million years ago to 424 days in the Middle Cambrian 510 million years ago to 399 days in the Upper Devonian 380 million ago to 370 days in the Upper Cretaceous 70 million years ago.

The length of the day correspondingly increased respectively: 18 hours per day, 20.7 hours, 22 hours, 23.7 hours and now 23 hours, 56 minutes and 4 seconds.

An immediate stream of thought takes me to a concept of there being real linearity in the earth's development toward a living creature with enough knowledge to figure out how he/she ought to align itself to the universe in order to be really balanced to its universe thus being able to be instrumental in pulling the earth ever closer to a year's length of 360 days and a day's length of 24 hours. And I had to wonder whether this achievement wouldn't result in a significant step toward "pulling the universe back together."

Notes of Eva Cary Nason - December 13, 2015

This is something of a "Nuts and Bolts" Note of the sort I make reference to below close to the end of all these Notes, but I let it stand.

This morning I happened to be paying attention just before 8:52 DST, the time which I'd determined a long time ago to be the beginning moment of the first of the six intervals in 24 hours through which my body cycles in the use of its structures. (See Parts 1-5 of this work as regards the references I'll be making in this Note.) I was giving thought to it being the last few moments of Day 3 with Rib 1 as the 3-Day Bone and the muscles of the uterus/scrotum serving as adjusters to Rib 1. I was attempting to sense the direction of pull of the last of the radial fibers of the uterine musculature when my mind leaped forward to what would be the muscle taking over at 8:52 when T2 (thoracic vertebra 2) began its stint as the 3-Day Bone. And it were as though I could feel the flow of pull from the uterine musculature to the muscle from the upper eyelid over the eye, the levator palpebrae superioris, which serves for T2, just as though the latter muscle were an extension of the former, there surely being a connectedness of this sort between these structures of today and those of yesterday even though they had all migrated away from each other eons in the past.

Since it was just then almost 8:52, I thought to concentrate on sensation associated with the spinal nerves for Rib 1 and T2, there being the change from Spinal Nerve C6 to C7, C6 controlling the dermatome coming down the outer inside of the arm to incorporate the

thumb whereas C7 dermatome comes down the back of the arm over the elbow and incorporates the 2nd and 3rd fingers back and front.

I used the master system based on YUOIEA (see the Note on Page 468 in this section) lining up head structures from the larynx through the crista galli along with pulling Mt 3 (Metatarsal 3) at the center of the foot up tight and creating that somewhat still difficult sensation of nothing in me having collapsed back to misalignment during exhalation. I had to wait through several minutes of breathing in this somewhat difficult concentrated fashion, but after a bit, there it was, the switch in pressure from C6 to C7. Also, my eye muscle was now a place of pressure rather than the area of the uterus.

I wondered whether everything could be changing in a similar way for each living creature at whatever would be 8:52 wherever that creature is, but, however, if that creature is not in the spot on earth / in the universe at which it was conceived (and is not an optimally aligned creature), then there is an overlay of changes taking place which would not be necessary if that creature were at its spot of conception.

Notes of Eva Cary Nason - March 30, 2015

I suspect my many Notes which start with comments on my frequent state of weariness reflect a weariness which results from my constant attempt to function in a new balanced way after years of functioning without the full balanced use of the structures of all the dimensions.

Now, various unused, or wrongly used, structures for some or all dimensions are having to be developed, or re-developed, to connect up in unaccustomed ways. Meanwhile, I am functioning by means of calling on these under-developed structures and connections which are not up to the task yet (ever?!) of providing felt/experienced energy.

Notes of Eva Cary Nason - April 14, 2015

It feels like everything I will have done for the past several years will have been done through a haze of sleepiness, which makes life pretty miserable.

I suspect I become more like an animal such as a dog or cat which can spend so much of its life sleeping. It is serving like one of those machines such as a de-humidifier which quietly stays on and takes in the surrounding air to alter it. The dog/cat would seem to be doing likewise. And the conglomerate of living creatures could be / partly is transducing its intake to spectral energy to send it on?

Notes of Eva Cary Nason - June 25, 2013

The question has been there as to why I have the box heading "Direction of Stretch of Muscles," the box containing all the directions of stretch for the relevant muscles for a given day of the year based on correlations to what should be the scaffold of primary bones for the day. My original intention was to pictorially show all the relationships of bones and muscles, but that would have involved looking into matters having to do with copy-right and probably calling on others for help, which I did not seem to be very successful in doing.

However, back to my question**:** is it not the case that the origin of a muscle remains fixed or steady in place? But then the problem is that bodies have a default center of mass on one side or the other, surely always on the dominant side, and this causes all our bones and connective tissue to be pulled toward the default center.

So, then, the muscles on the dominant and non-dominant sides of our body do not equal one another. I need to observe, observe, observe to determine whether this has the result of forcing chronic contraction or chronic stretch, on the primary dominant side muscles in order to keep origin and insertion points at correct distances from one another to preserve some functional semblance of balance to non-dominant-side counterparts, if, in fact, as seems to be the case, the non-dominant side muscles tend to maintain some semblance of proper/optimal configuration. Observe, also, whether it's not the case that this possible chronic contraction of some and stretching out of others on the dominant side is selective progressively to different muscles in the progression of days. The purpose, then, of the "Direction of Stretch of Muscles" box would be to show what kind of attention needs to be shown to specific muscles on specific days to bring equality to those muscles on the dominant and non-dominant sides of our body on the specific days.

I've always thought I would never finish this project until I have determined precisely the various paths we take toward being unbalanced in our functioning. However, I find I don't really want to explore sensation associated with my body functioning in its years-long unbalanced manner. I only want to observe what is happening when I am pulling it toward and maintaining the balance more approaching what I sense to be optimal functioning. Therefore, in the end I may primarily create a work showing what would seem to be arrangements for optimal functioning and only make passing reference here and there to what we do to disrupt optimal functioning. If my work proves valid in essential ways, there will surely be many who will be interested in following the paths from optimal to sub-optimal functioning.

Notes of Eva Cary Nason – Written 2/4/05

Could this be a possibility**:** a living organism formed as a scaffold of interferometers, one for each plane, the three space planes dimensions, and perhaps/probably the time dimension? The reason for the development of the interferometers was the requirement of particles departing the gravitational flow to have a measurement of their departure.

At first the interferometers were very simple because the departure was maybe not too complicated, maybe at first only in one plane, and maybe it was only large increment wavelength discrepancies. However, eventually maybe the discrepancies become smaller and smaller, and more and more complicated in their combinations as they come to occur in all planes.

The manner in which the complexity of discrepancies came to be handled was by means of DNA and the use the body can make of the "flashes of light" the DNA cells conduct all along its enormous length.

Notes of Eva Cary Nason - May 11, 2016

So there's a group of particles hanging together which meet up with another group of particles hanging together. The two groups join together at a particular spot in the universe at a particular moment to hang together to make me.

So then those particles making me sojourn for a moment in my beginning spot and, insofar as I am and remain aligned to the initial beginning spot and time of our universe, then those particles composing me at any given time will be able to journey on as part of me without having added any additional bites of information to the map of their journey back to the beginning.

If I am a new mass of particles not perfectly aligned to the initial beginning spot of our universe, then every displacement of a particle of me from its original beginning spot as part of me must track that displacement in some way.

If any of what I am writing about were actually the way the universe worked, then if it were possible that I could be, at the time of conception, a new being perfectly aligned to the universe beginning spot and remain so aligned during any movement away from my beginning earth spot, then would not those movements away cause alterations in some aspect of my environment and would there not be erasure of displacement notations found in that which is in the environment I am altering due to my perfect alignment?

Notes of Eva Cary Nason - April 12, 2016

Two pictures I've seen lately depicting an expanding universe, both pictures showing a center with several plates above, each plate larger with the structures shown on it spread further apart. And I think about all the comments I've read that the earlier stage of the universe had structures closer together with them becoming further apart in later eons and that the spreading of structures will continue to increase until they are so far apart there will be no signaling between them. And, even now, I have some problem with a disconnect between the picture depicted in what I've just written above and the picture painted by the astronomers / cosmologists / physicists of the Big Bang being everywhere at once and of a universe exhibiting the cosmological principal of there being homogeneity and isotropy throughout.

And so I wonder whether homogeneity and isotropy will prove to be simply aspects of gravity being everywhere stepped down into the mishmash of structure created when gravity steps down into the other forces.

And I wonder whether one bit of structure engaged in functioning based on non-stepped-down gravity or, at least, on stepping-back-up-toward gravity, by knowingly pointing itself back toward being its proper self can change anything, maybe even everything if it endures in its knowing endeavor for long enough.

In a poem of significance to me, "Anecdote of the Jar," Wallace Stevens writes of a "jar" placed in Tennessee. Some years ago, during my on-going effort to acquire knowledge and achieve understanding about such things as neutrons and so on, I paraphrased Stevens' poem (its sense too) as shown to its right. My choice of titles were to be "Anecdote of the Particles" or "Who Am I?":

I placed a jar in Tennessee,
And round it was, upon a hill.
It made the slovenly wilderness
Surround that hill.

The wilderness rose up to it,
And sprawled around, no longer wild.
The jar was round upon the ground
And tall and of a port in air.

It took dominion everywhere.
The jar was grey and bare.
It did not give of bird or bush
Like nothing else in Tennessee.

I changed some particles to keep me whole,
And stayed they must, to make an Earth.
They made the slovenly wilderness
Surround that Earth.

Neutrons they were before all else
And strong and stable for my needs.
No less was I so long they stayed,
Upright and of a port in space.

There failed integrity everywhere.
My whole devolved and spread.
But one there was who dispersed no more;
Can one alone restore me whole?
or
From whence her help to restore me whole?

Notes of Eva Cary Nason - April 12, 2016

I'm trying to remember the extent to which I've run across the notion in all the scientific-type books I've read that there is evidence that the development of cognizant organisms is an integral, necessary part of whatever it is our universe is doing, would we but finally figure out what the relationship is. No doubt that's the evidence I've been trying to find all these years - evidence beyond the discussion of the fact that if certain very fine-tuned parameters had not existed in the universe then human beings would not exist.

How can a person proceed who has any strong sense that the development of cognizant organisms is a random happening serving no particular purpose in the universe large picture? If that's the circumstance for our existence, then what difference does it make whether we know anything or not?

Seems to me the only sensible approach is to assume we are not a random happening but that we exist to serve some purpose, and to proceed from the standpoint of needing to determine whether we're right in our assumption and, if so, in determining what that purpose is in order to know whether pursuing it is desirable or not?

Notes of Eva Cary Nason - June 9, 2016

Here's a possibility**:** sexual climax may be the closest we come to proper alignment for a moment.

For the male, maybe all that sperm emitted is his getting rid of material residue of chronic improper alignment which had called forth the need for the use of forces other than gravity which had resulted in the formation of material residue.

Notes of Eva Cary Nason - July 14, 2016

There are lots of advertisements telling us how important it is that we have some exercise everyday, e.g. 30 minutes of walking reduces the risk of various maladies.

I would propose those 30 minutes of exercise save us from maladies because they allow us to hook into the universe larger picture for at least a moment each day, and without doing that we have perhaps no hope of fixing any part of us, of being of service to our universe and of stepping back from the friction that wears us out.

My large book hopefully shows what is happening in at least a few of those 30 minutes of exercise and how to hook into, at any moment, exactly what some of those moments of exercise might be doing for us.

My large book also offers much speculation as to what all this says about the universe large picture and just what it is that we are possibly hooking into by exercising 30 minutes per day.

Notes of Eva Cary Nason - August 2, 2016

Once there is the circumstance which brings a universe into existence - or once there is the circumstance of an existing universe - then I am finding it more and more possible to suspect there is built into the processes of that universe that which will serve that universe.

(Earlier, 2016) I am pondering this morning whether the nothingness of space is the potentiality for somethingness to exist.

If one is to have the universe be <u>everything</u>, then there can't be only nothingness. There has to be somethingness or the potentiality of somethingness if the universe is to

encompass everything / all possibility. However, I suppose the concept of somethingness is just a creation of the somethingness we perceive ourselves to be.

Therefore, in order for there to be somethingness, there has to be a mechanism for somethingness, and couldn't that be for the nothingness of space to be full of that which can become somethingness, perhaps a massless energy which is nothing more than a universe of virtual particles, all of which are at rest, meaning they follow a spacetime trajectory that moves only along the time axis, but any one of which can be "knocked" into no longer being at rest, thus beginning a trajectory tilted away from the time axis, converting them into somethingness, and thereby beginning the curvature of spacetime, which is stepped-down gravity?

(No date) **CONSCIOUSNESS DEVELOPMENT AS DESIGN FOR US TO KNOW UNIVERSE**

I've found myself wondering if it's possible that all these stories our forebears have told as to how we're supposed to behave, and the enlightenment that will come if we do manage to transcend our baser natures, have sprung from some aspect of particle arrangements which leave us most aligned to what the universe is trying to do when we are our most noble selves. . . .

I have grappled a good deal with the questions surrounding consciousness and for a little while I had a particular worry. It had begun to appear that consciousness resulted from a comparative process carried on by the body (perhaps between the cerebrospinal fluid of the brain and the blood of the opposite side of the blood/brain barrier) which determined the degree to which the body was able to function just as part of the gravitational flow or to what extent it had to call on the strong, the magnetic, the electric or the weak forces to handle perturbations to the gravitational force.

During this worrisome time I wondered if all the striving which causes us to do things like write books was the result of our malfunctioning which took us out of the gravitational flow type of functioning and elicited the book-writing endeavor as part of our effort to re-acquire it. In this case then it appeared that those wonderful things we do such as write books and compose music, etc. would serve no further purpose if we succeeded (as I was trying to do) in attaining the nirvana-like state which was perhaps associated with gravitational flow functioning.

Now on this day in May (year?) I sit and make everything right and try to determine whether I then feel like I am in the nirvana-like, non-striving state which may yield me no creative thoughts and products or whether I feel myself to be in that wonderful state which flows over me when I am in the process of making connections and having thoughts I haven't had before which seem to just write themselves. And I conclude that when everything is right I am in the latter state. However, it is definitely an effortless state; there is a sense of striving of some kind in that I am staying concentrated on whatever the train of thought, but it is as though my concentration is effortlessly unraveling or unwinding a view onto the workings at the heart of things.

So today I have this strong sense that we are intended to know or, rather, that our development necessarily results in our having the ability to know – that our consciousness has developed as it has as a way of allowing us, or with the inevitable outcome of our having the ability, to see into the heart of the workings of the universe, and our creative endeavors spring from functioning based on the gravitational flow itself as well as perturbation-handling flow associated with the other forces. My construct would seem to imply that as we come to understand our functioning and learn how to bring it into accord with what I

have referred to as gravitational flow functioning, then we will have the ability to actually help the universe along in its path back to what we perceive to be its beginning. About what that actually is and signifies I have no idea except that I sense it is a parallel of some sort to the eggs or seeds from which life grows.

Perhaps we are able to hinder the universe in its path back to the beginning inasmuch as I suspect the aspects of our universe associated with what I strongly suspect are lesser forces, the strong, the magnetic, the electric, and the weak forces, are all laggard forces to the forward flow of the gravitational force. I speculate we see our universe as expanding as we continuously engage in functioning based on laggard forces when ultimately it must quite likely always be contracting.

Notes of Eva Cary Nason - 2006 and 2016

I realize I have my own agenda, a rationale for having little interest in so many things with which humans concern themselves**;** the agenda is not feminist issues or racial or any number of others because these all seem part of the larger problem of a malfunctioning society based on various sets of totally insufficient concepts dealing with the only meaningful question, which is "Why are we here?" Until we have a real answer to that question, then all our philosophizing, psychoanalyzing, etc. is without basis. Therefore, having concluded for myself that the bits and pieces approach to fixing a malfunctioning society is futile and any effort to get humans as a whole, as a global community, to consider whether a highest aim ought to be to pursue rational answers to the question, "Why are we here?" is hopeless, then I will in good conscience do what I've always wanted to do anyway: sit under a tree and watch the world go by or walk in the woods and just enjoy the workings of the earth.

Notes of Eva Cary Nason - August 30, 2016

I shall write a Note now of the sort I've been writing for years trying to make the connections of what all my body parts are doing to one another. This would be the sort of note to go in a "Nuts and Bolts" section if I had one. I include it here because it is so recent and as example of the type of notes I made continuously through the years.

I have always paid little attention to the actual blood conveying vessels of the body. Might this be the day I begin observing the arteries as I haven't in the past, this being Day 1 of the incus as the 3-Day Bone and this moment being in the 2nd of the six time periods in 24 hours, that is, 11:16 am - 4:04 pm, in which time period the subclavian artery is the spectral energy associated structure for the incus and is a structure with which I need concern myself at this particular time?

I read in my Frank H. Netter anatomy book, Atlas of Human Anatomy, 2nd Edition, on Plate 28: "Subclavian artery (1st part medial to, 2nd part behind, 3rd part lateral to anterior scalene muscle)". On Plate 25 this arrangement of the subclavian artery in relation to the anterior scalene muscle is very clearly shown.

I line myself up as optimally as I can in what I believe to be the alignment just below the truly optimal alignment, the latter being that which eliminates any sense of particular pressure on any part of my body, and from this not-quite-optimal arrangement, I observe sensation associated with the subclavian artery. The sense of pressure when I inhale is distinctly at the medial part of my left subclavian artery. I observe my right subclavian and feel a reduced level of pressure continuously along the artery.

I allow myself to sag back to my still (!) more normal alignment and the sense of pressure in the vicinity of my left subclavian artery has re-located to an area quite a bit lower than it was before and at a level lower than the continuing identical sensation in my right subclavian artery to that earlier. My immediate impression is that my more optimally aligned body has opened up conveyance tracts in the upper part of the subclavian which were not being used before and the sensation of the usage of these upper left conveyance tracts matches the on-going sensation in the right subclavian, although there is noticeable pressure in the left medial part rather than there being the same sense of less intense pressure continuous throughout as is felt in the right subclavian artery.

Notes of Eva Cary Nason - August 18, 2016

I thought I might have a third section in Part 6 entitled "Nuts and Bolts" in which I would put Notes concerning the nitty-gritty of my experiences in trying to achieve bodily functioning based on my theories. However, many of these Notes would perhaps be even more boring to any general reader I might have than the rest of my work.

Therefore, I write a Note this morning of the sort which would go in a "Nuts and Bolts" section if I had one because I suspect this Note, written now soon before (I hope) I attempt to share my work of many years, could be helpful to anyone trying to make use of my theories.

As possibly expressed elsewhere in this work, I've entertained the hope and possibility that the eventual according of my bodily functioning to what I envision as optimal functioning would bring me to the happy state of there being no more flooding of the body with, or depriving it of, disquieting hormones and with the body having sufficient energy to live in a state of relative content and bodily comfort.

I'm not there yet, but I continue in my efforts on the basis that I've only been practicing my finalized theories for a very short time and there is much bodily change needed to reverse 70-75 years of progression in the normal aging process.

For the past days I've been dealing with periods of discomfort associated with my upper left 1st molar and my left knee. I can disperse the discomfort in my molar and knee, but the aim is to dismiss the source of the discomfort.

For months now, during each of my three or four awakenings during the night in the 12:36 a.m. - 7:14 a.m. spectral energy time period, I immediately "arrange" (i.e. elevate!) what I believe to be the relevant cerebellum lobule and its companion, the relevant liver section. Several nights ago it occurred to me to pay attention to the balance in the cerebellum, etc. after I had "arranged" it, and I noticed that it was always the right-side cerebellum lobule which I arranged in such a way as to feel any pressure or expansion or sensation of some sort associated with it. The left-side cerebellum lobule was "silent."

Well, I'm experienced enough now in all these body-part manipulations that it's easy to rouse up some part of me that's being neglected, so I brought the left-side cerebellum lobule out of its slumber which also altered the sensation in the liver area.

Then, since the cerebellum lobule and liver section are only 2 of 6 bodily structures handling the spectral energy, 12:36 - 7:14 a.m. time period, I observed the arrangement in the other 4 structures, that is, Parts 4 of the 3 relevant lung segments and of the eye.

And it seemed to be Revelation Time again! Any sense of expansion of the 3 appropriate lung segments accompanying the relevant cerebellum lobule and liver section (in this case RLS 3, RLS 6 and LLS 10) simply wasn't there before I paid attention to having a sense of expansion in both the left and right cerebellum lobule, although I did feel sensation in several other lung segments. So soon as I corrected the balance in the

cerebellum, then RLS 3, RLS 6 and LLS 10 made their presence known as breath receptacles. It occurred to me that all through the 6 spectral energy time periods of 24 hours, I was probably much too often not experiencing balance in perhaps the main one of the structures handling one of the 6 time periods, the main one being the structure for the body-frame bone, e.g. in this case, with the stapes as the body-frame bone, the series being the thymus, celiac trunk, suprarenal glands, cerebellum lobule 5, the angular gyrus and the glossopharyngeal cranial nerve. So, I have my work cut out for me in the coming days.

Oh, would that it made a big difference in giving me the state of bodily comfort and contentment I've sought for so long, some real threshold to knowing I'm on the right tract to the real plum in my effort. I've had many years of conviction that I need not worry about the big diseases or death and disablement from disease in the foreseeable future since I was offering up my body each day arranged at least part of the time for changes to occur in it which I believed obviated the development of any disease, but this has been an equal number of years of never arriving at a consistent state of the physical well-being / contentment I crave. I have wondered if optimum functioning entangles a living entity to a much greater extent in the larger environment (particles, forces, etc.) and whether what's happening in that environment might play a role in an entity's own physical well-being!

July 10, 2014 THE SOURCE OF THE SEVEN CHAKRAS
(or Wheels or Mansions of the Soul)

Elizabeth Gilbert writes on page 144 of Eat, Pray, Love, "In Indian Yogic tradition, [the direct, transcendent experience with God] is called *kundalini shakti* and is depicted as a snake who lies coiled at the base of the spine until it is released by a master's touch or by a miracle, and which then ascends up through seven charkas, or wheels (which you might also call the seven mansions of the soul), and finally through the head, exploding into union with God."

Gilbert then writes of a New York Times article which tells of a team of neurologists wiring up a volunteer Tibetan monk for brain-scanning. Normally such scans register yellow and red flashes. The monitoring of the Tibetan monk during meditation resulted in his brain's neurological energy pooling and collecting in its center as a "small, cool, blue pearl of light," corroborating what "mystics across time and culture have all described [as] a stilling of the brain during mediation, and say that the ultimate union with God is a blue light which they can feel radiating from the center of their skulls."

Prosaic though it is, I would say the seven chakras can be obtained by opening - progressively if one prefers - the six (6) exit paths of the body for what I assume to be spectral energy wave length exit. The six paths serving progressively through 24 hours are the bladder, the skin as pulled together in the armpits, the lactiferous ducts or nipples, the anus, the relevant eye tracts and the vagina or penis.

To open the spectral energy pathways yields two extraordinary results. Each pathway that fully opens pulls into alignment and proper balance - as referencing the universe I would propose! - a specific system of the body with its own specific structures as regards bones, muscles, organs, parts of the brain, breath chambers, sense organs, etc. I would propose, the bladder as exit pathway aligns the respiratory system, the open skin pathway aligns the circulatory system, the open lactiferous ducts the digestive system, the open anus the immune system, the open eye tracts the reproductive system and the open vagina/penis the nervous system (later insight suggested these latter two should be reversed.)

To pull into alignment and proper balance all the six (6) systems of the body results in the alignment of the retina's fovea centralis with the hyaloid canal and the optic nerve in

order that the most appropriate wave length of spectral energy for that moment in time at that spot in the universe enters directly into the aligned human entity to most directly and effectively utilize the entity for ultimate universe destiny. And, voila, one has experience of ultimate unity with what I venture to propose will prove to be an altogether purposeful universe, what we know as God.

(September 10, 2016 - Regarding above, the note below is from almost six years ago!)
Notes of Eva Cary Nason - November 18, 2010

Oh, how wonderful to not fear cancer because one is fairly confident she knows from whence cancer cell growth comes!

As shown in my day by day charts, there are six effluent pathways for the six time periods of the day, six pathways that feel themselves to be, in a properly aligned body, exit routes for excess pressure in the body which is very likely to be pressure associated with given spectral wave lengths for a specific time of day.

I propose that when these pathways are blocked and when whatever means of storage of excess spectral wave length is no longer available, then the excess spectral wave length begins creating some other route by which it can move on, and this can be the route of cancer cell growth. Specific kinds of cancer are likely to be associated with specific effluent pathway blockage, these being perhaps somewhat as follows:

Pathway 1 - bladder for radio/microwave - hormone based cancers (& respiratory tract)
Pathway 2 - skin/armpits/arteries for infrared/red - blood based cancers (circulatory tracts)
Pathway 3 - lactiferous ducts for orange/yellow - digestive tract (& likely breast) cancers
Pathway 4 - anus for green/blue - lymph based and liver cancers (immune system)
Pathway 5 - eyes for violet/ultraviolet - cancers of the brain (& reproductive system)
Pathway 6 - vagina/penis for x-ray/gamma ray - reproductive & nervous system cancers

(Follow-up Note - September 10, 2016 Also, see 2-9-17 Note below as related to above)

It has been my intention to have as one of my last notes in this section and in this book, comment about the state of progress in my effort to reverse the process of aging of my 76 years.

In the realizations expressed in the Note above of August 18, 2016 combined with the reminders in the preceding two notes immediately above about the enormous importance of paying attention to the effluent pathways of the body, I have moved on to practices which provide me with a sense of proper balance in the 6 spectral energy associated structures for each of the 6 time intervals in 24 hours as well as with a sense of continuous openness of the 6 effluent exit routes for unincorporated wave lengths of spectral energy. In addition, I have made great progress in creating a method for remembering (a mnemonic) all the body structures primarily responsible on a given day for holding the body in optimum alignment for that day (a method I would like to share someday - shall I start a school if there proves to be validity to my work?). I realized I'd probably never be able to remember all the changing involved bones, muscles, organs, etc. without some memory device to help. All these things have moved me toward an even greater conviction than I've had all along that I'm not approaching an end to life from disease and wearing out but am on a path to renewal.

Finally, since all of this began some 25 years ago with my desire to improve my singing voice, I will add that which will perhaps be one of my most important realizations, which has come to me within just the past few weeks. It began on a day when I was actually paying attention to the state of the zonular fibers which attach to the lens of the eye, these being surely involved in the eye's admittance of spectral energy, and to which I have assigned the role of adjusting mechanism for the all-important tooth structures of the body.

As I often do, I sang while doing rote tasks and at the same time as I was attempting to activate zonular fibers in what I had long ago determined to be their needed sequence of activation (see Page 27). And, wow, more than ever before, I felt control of my singing voice in all its different aspects.

Therefore, the arrangement of the zonular fibers of my eye now play a big role in my achieving and maintaining the optimum alignment, which I think will take me cell by cell, day by day, slowly to renewing life, and I am back where I started many years ago, learning a whole new set of songs (my mnemonic device) to sing as a means, this time, to provide the easiest of aids both in maintaining an overall balanced body and in ascertaining the sense of that balance!

Notes of Eva Cary Nason - November 25, 2016

As I'm wending my way toward the final effort to prepare this book for dispersal, I'll no doubt occasionally have another Note I'll feel I ought to write and perhaps will simply add it here at the end of my book rather than take pen and paper in hand to make another to go in my multiple boxes of Notes.

For some months I have had much sensitivity in the nerves above my left upper molar teeth, so much so that I began chewing my food exclusively on the right side of my mouth. Several weeks ago I began tentatively chewing again with the left side.

Referencing Part 4 of this book, I need to mention that yesterday was the last day of the hyoid bone (in the neck) as the 3-day bone and today is the first day of the thigh's femur.

As I ate a crunchy breakfast this morning, I became aware that I could succeed in crunching down in the left side of my mouth without the ever-present possibility of discomfort to the upper molar tooth nerves if, and only if, I arranged the hyoid bone in such a way as to give me the sense of its two pointy ends reaching down to hook up with the femurs in my thighs - giving weight to my notion that at one time these bones were quite possibly continuous with one another. Also, when I did this all those other checks to whether my parts were all aligned or not fell into place.

Later, when concentrating for a few moments on shoring up any sag away from proper alignment, I became aware of a strong sense of distinct difference between the two sides of my body. It felt as though the right, non-dominant side of my body was very compact whereas the left, dominant side (surely over-used and overly-stretched-out through all my years) was a place of multiple compartments with empty space in the compartments. I was now sensing the empty space because I was pulling my dominant side back together and removing the pressure toward expansion.

I found myself imagining that the universe we perceive was merely the dominant side of a mirror-imaged universe (as we are mirror-imaged) with there existing a non-dominant, compact, non-expanding side which we can't perceive!

Notes of Eva Cary Nason - December 12, 2016

FINE-STRUCTURE CONSTANT

Regarding the fine-structure constant mentioned in introductory remarks to this book, I read from Wikipedia: "In physics, the fine-structure constant, denoted by the Greek letter, *alpha*, is a fundamental physical constant characterizing the strength of the electromagnetic interaction between elementary charged particles . . . The observed value of the fine-structure constant is associated with the energy scale of the electron mass . . . Therefore, 1/137.036 is the value of the fine-structure constant at zero energy."

There seems to be mystery as to where the number for this constant comes from.

In the mnemonic devise I have developed for leading me each day to form what I have derived to be a properly balanced alignment of all the parts of my body, one of the bones mentioned on each day (there are only a very few of these) is the base metatarsal bone for the middle toe of the foot, that is, the third metatarsal bone (Mt 3), which I feel to be the very central bone of my foot and which, with its mate, I pull together to run a balance line up to and through the vomer of the nose and the crista galli of the ethmoid bone.

As seen on Page 1 of this book, my Periodic Table of Elements / Correlated Human Body Structures, the third metatarsal bone, Mt 3, is located in the box for Element 137.

In order to make the connection I will be suggesting as to where the number for the fine-structure constant comes from, I will need to insert now a couple of paragraphs from the text of Part 1 of this book. On page 6 of Part 1, I have written**:** *As the months and years rolled by in the effort I had begun early in attempting to re-arrange my body parts to try to have my body function in the way that I was determining was overall balanced – largely through sensation which always needed theory as explanation – I found that whenever I relaxed, or better said, sagged, into my accustomed manner of more and more obviously unbalanced functioning, I became aware that the primary point of pressure of my body collected itself at the second bone back from the end of my fourth toe on the dominant side of my body, that is, the metatarsal middle phalanx 4 (Mt MP4), a pressure point which I had come to sense served as the pivot point of my 65+ year old body.*

When I realized that Mt MP4 was part of the scaffold of five bones to which the amino acid, methionine (met) would correlate if I followed a reading of the genetic code based on glycine being the first four amino acids and adenine probably being the second base to come into use after guanine, I suspected evidence of possible further validity to the correlations I was making because the protein chains formed by the amino acids are said to usually start transcribing with methionine. I was already speculating that perhaps protein chains had some intimate relationship with allowing bodies to function in unbalanced ways. Now I had to question whether there could be any possibility that most living organisms were unbalanced in ways which, when all put together, would result in a tendency for some portion of the organisms to place what I had come to call their default pivot at some correlation to the human Mt MP4 or thereabouts (Mt 3/Element 137?).

End of quote from Part 1

Mt MP4, the second bone back from the end of my fourth toe, is located in the box for Element 133 in my Periodic Table of Elements / Correlated Human Body Structures. I have theorized that in order for a living creature to be balanced to the gravitational flow, it cannot have sagged away from there being proper alignment of whatever structure is found in its Box 137 (surely some evolved form of the human Mt 3). I have also theorized that the limit of the degree of sag away from a balanced Box 137 structure cannot be very great, maybe only to the Box 133 structure for creatures weighted by what would correspond to a human uterus and perhaps up to the Box 140-41 structure for creatures weighted by what would correspond to a scrotum. Perhaps demise of a creature results from sag beyond the Box 133 and Box 141 limit. In this, I have wondered whether there might not be found the fine-structure constant. And, if we live in a universe of repeating patterns such as found in Russian nesting dolls, as I have speculated, might it not be that whatever is in Box 137 of the Periodic Table of Elements / Correlated Human Body Structures for any larger nesting doll than the human energy entity, such as perhaps a solar system or a galaxy, that this Box 137 structure would be the structure central to the given energy entity, away from which there cannot be sag if the energy entity is to be balanced to the gravitational flow? I have theorized that any sag in an energy entity calls forth the other forces to handle the diversion away from the gravitational flow.

There are various tidbits of information (from Wikipedia) which I have thought could be relevant to my speculations regarding the fine-structure constant. They follow:

1) 137 is "the number of atoms in a chlorophyll molecule . . ." "Chlorophyll is essential in photosynthesis, allowing plants to absorb energy from light." Animals have added on steps away from direct absorption of energy from light.
2) The fine-structure constant is referred to as a dimensionless quantity, having "the same numerical value in all systems of units." I have theorized that functioning based on alignment to the gravitational flow yields functioning needing no reference to dimensions.
3) ". . . some theories that predict a variable fine-structure constant also predict that the value of the fine-structure constant should become practically fixed in its value once the universe enters its current dark energy-dominated epoch."
4) From the Torah, symbolically, "at the boundary line of the physical world . . . , the threshold between the physical dimension and the utterly spiritual dimension . . . , the number 137 emerges."

Finally, to include in my actual book, I re-iterate the comments made in the introductory remarks about the cosmological constant, the other constant that has most intrigued me.

The Table forming the largest part of this book, Part 4, has 120 odd-numbered pages beginning on Page 117. I have strongly suspected the basis for the primary bone on each of the 120 pages, to which all of the other structures on the page relate, derives from the same basis underlying the cosmological constant proposed by Einstein. I have found it quite possible to speculate that this primary bone on each of 120 pages is in some way related to one of the 120 zeros of the 10 to the -120 cosmological constant.

Notes of Eva Cary Nason - February 7, 2017

I sit here on this day, just before the date on which I hope to finally disperse this work of 25 years, reading through these Notes for a final effort to determine whether to let them stand, and I come to the June 25, 2013 Note. Inevitably, I begin checking Direction of Stretch of today's muscles and decide I should add at least this one Note (at this late moment in my years of effort to understand) regarding what I suspect is happening when I go from an aligned to a misaligned body.

Using today, I would say the muscle (styloglossus) for the 3-Day Bone (thoracic vertebra 12, T12) on both sides of the body (the dominant and non-dominant sides) on what is, in fact, Day 3 in this particular 3-day cycle has a similar stretch configuration when I am both aligned and sagging toward misalignment. When I check out the Day 3 muscles for all the other four bones of the non-cranial 5-bone scaffold (see Page 289) in my somewhat aligned body, they all feel as though they have similar direction of stretch configurations. When I let my body sag such that it feels like the 3 spatial dimensions' sets of bones have not all misaligned, but there is misalignment of the time dimension (L5/pisiforms)*, then the muscles for all the associated four bones of the 5-bone scaffold for T12 as the 3-Day Bone seem as though they have contracted on the non-dominant side of my body, but not on the dominant side. (At some point I will speculate this is the situation of my thoracic spine not having been disassociated from [thrown into non-congruence to] the cervical/lumber spine such that voltage-gated ion channel electrical messaging is sufficient to allow functioning.)

On the other hand, when I let my body sag such that I have let L5 collapse/sink inward, affecting what I speculate to be my time dimension / i.e. my direct entanglement in

the gravitational flow, then I have difficulty describing the quite different sensations in the presumably mirror-imaged muscles for all the bones of the 5-bone scaffold. It's as though the muscles for the five bones on the dominant side of my body are still there, but their presumably mirror-imaged counterparts on the non-dominant side of my body have risen off into some separate reality. It seems as though L5 / pisiforms could still be aligned but with the alignment displaced inward, and it feels as though the muscles on my non-dominant side are acting oppositely to their mirror-imaged counterparts. I speculate that the situation I've just described results from misaligning the thoracic spine to such an extent that it becomes disassociated from [non-congruent to] the cervical/lumbar spine preventing voltage-gated ion channel electrical messaging so that ligand-gated ion channel chemical messaging becomes necessary. (I am editing only this particular note now in September, 2020 so as to not have it be overly misleading to insight which has come later, particularly regarding the role of voltage-gated and ligand-gated ion channels. I believe there is much to be said about the different effect on the larger environment a human being has based on his/her alignment.)

*In this situation, the legs of the connecting lines from L5 to the pisiforms as discussed on Page 470 do not come from a central point of L5 so that I have perceived the spinal column to have separated into 2 independently acting columns which require voltage-gated ion channels to provide electrical messaging in order for the column to function as the single spinal column. These are concepts derived from sensation involved in attempting to edit this Note. I shall add the further concept held for some time that humans have the ability to contribute to universe expansion or universe contraction. I have long speculated that our contributing to universe expansion is based on our functioning by means of ligand-gated ion channel chemical messaging

Notes of Eva Cary Nason - October 29, 2016

For some time I have suspected Alzheimer's develops in connection with a human coming to the end of its series of journeys around the sun which bring it back to an approximation of its starting spot (in relation to everything else) at the beginning of its first journey around the sun, which takes around 72 years.

In brief, I suspect Alzheimer's develops from such a disconnect between the head and the body parts of a human that when the brain begins re-fashioning itself to accord with the beginning of a second series of journeys around the sun approximating its first series of journeys some 72 years earlier, then the body has become so unbalanced to the head through those 72 years that now the body is unable to respond to the new re-fashioning of the brain such that the brain's new growth cannot serve its purpose in re-fashioning body parts and, therefore, just clutters up the brain to cause disfunctioning.

Notes of Eva Cary Nason - Early 2016

Copernicus and Galileo began the great change to our understanding by removing the earth from the center of the universe.

Newton, Darwin and Einstein then provided cataclysmic concepts.

Perhaps a great coming cataclysmic concept will be that living beings with brains such as humans need not die and that the development of their consciousness is a natural progression toward their being instrumental in serving some ultimate universe progression.

February 14, 2013 THE ALPHABET OF LANGUAGE IS ORGANIC, ARISING OUT OF THE DEVELOPMENT OF THE LAYERS OF THE BODY AT THE PARTICULAR PLACE ON EARTH AT WHICH THE LAYERS ARE DEVELOPING IN THEIR PARTICULAR EARTH-PLACED-RELATED WAY

(speculating as to whether it might be possible that a sound representing each letter of an alphabet which developed into a language at a given place on earth came forth in its particular form as result of the pressure of the force creating or shaping some portion of an organism body at that earth location.)

First there was **A**
and **Y,**
A as represented by hydrogen and the ethmoid bone with its crista galli peak and a bar connecting the spread of **A** as representing an entrance into that which the spread of **A** encompassed. The bar would be what became eyes.

And, there was **Y**, completing **A**, as represented by helium and the reach of the sphenoid bone with its wings and processes and hamuli, from which eventually a body would hang.

But then there would be interjected **E**, **I**, **O**, and **U**, contained at first in lithium and berrylium, i.e. the vomer and palatine, but then as stepping into boron, carbon, nitrogen and oxygen, i.e. the xiphoid process, sternum, manubrium and clavicle.

Mirror-imaged **E**'s would sound themselves out of the development of the ears with the three bars of each **E** representing the three parts of the ear, the semicircular ducts, the utricle/saccule and the cochlea. These would assist the **A** bar in maintaining balance and symmetry in that which **A** had encompassed.

Then more assistance became necessary to maintain balance and symmetry leading to the development of a nose out of which will be sounded **I** connecting to the **A** bar and bringing together the middle bars of the mirror-imaged **E**'s (the utricle/saccule).

With still more assistance needed, there resulted a mouth, sounding out **O**, connecting the bottom bars of the **E**'s (the cochleas) and these with the upward and outward-sloping arms of the **Y**, these arms sloping downward and inward to come together and drop down to a developing larynx – all this to keep balance and symmetry but with one more possible aid.

The last aid to symmetry maintenance will be **U** as represented by oxygen and the clavicle, and **U** will sound out in the development of a jaw, perhaps merely a firm foundation for the bottom of the **O** as it drops down from connecting the bottom bars of the **E**'s.

But then there was treason in oxygen, the clavicle, **U** and a jaw. They gave the way to break symmetry, to collapse the wall of one or the other of the mirror-imaged **E**'s and pull together the right or left arm of the **A** with the right or left arm of the **Y**, thus compromising the roles of all the sense organs of what was so far primarily a head.

Now that a way to break symmetry was in place, a body with broken symmetry could develop, each of 20 different layers giving a way to break symmetry (see my Bone/Muscle Table with its 20 layers of bones and the bones' associated muscles). Each of the 20 layers and ways to break symmetry would be associated with a sound as represented by the remainder of the alphabet**:**

B C D F G H J K L M N P Q R S T V W X Z
b c d f g h j k l m n p q r s t v w x z

(Massless gauge bosons gobbling up scalar bosons to make massive gauge bosons?)

I have viewed the lower case vowels as visually representing what happened to their capitalized selves when symmetry broke. **A** became **a**, the right **E** having collapsed (right-handed people are the majority). **E** became **e** indicating curtailments of the functions of the three parts of the ear. **I** became **i** indicating the continued functioning of the secondary olfactory system containing the pheromone mechanisms associated with sexuality, but with only a dot, **.**, toward the primary olfactory system in the top of the nose which came to receive breath only in a hit or miss fashion. **O** became **o** and **U** became **u**, representing reduced functional capacity. **Y** became **y**, perhaps extending its reach to the symmetry-breaking body because **A** had become **a**.

Note on Usage: For several weeks now I have used **A**, **E**, **I**, **O**, **U** and **Y** to either align all my parts properly or check my alignment when using other methods of alignment, these capital sounds representing the reach up to that which I consider the body's interface with the entangled universe, that is, the crista galli, and then down through the larynx while encompassing the eyes, ears, nose, mouth and jaw.

Table of Head/Body Mid-Brain Links for Scaffolds of Bodily Structures

The Table below is part of material added to 11 special essays lifted from the end of a large as-yet-unpublished work entitled, Music for Youngsters, a work created over years as a compilation of songs sung to my children which segued into my effort to determine a great deal about how the human body works and its relation to the larger universe. Essays accompanied the 52 song sets assembled for night-singing to my children, initially 41, and, years after the children were grown, I chose to complete the last 11 essays for the previously abandoned 52 song sets by condensing parts of the book about human bodily functioning, LIFE, Reflections On, written during the period of abandonment of the earlier work, Music for Youngsters. My work, LIFE, Reflections On, was copyrighted and placed on my webpage, www.evacarynason.com, on February 17, 2017 as the Original PDF. It exists now (2021), with this Table added in Part 6, as an early part of the Corrected Original PDF . Insight comes by fits and starts, and the Table below developed during early 2019, along with commentary regarding it, that is found in a separate PDF on my webpage along with the 11 special essays mentioned above. It is my hope that a time will come when some scientifically acceptable course of action will be pursued to determine the validity of this Table, and of that which sensation tells me provides much benefit to the ease and depth provided the singing voice and to the overall body when attention is paid to aligning brain structures to the structures of the body-bone scaffolds by means of freeing the mid-brain link to serve to do so.

Day 1 Brain Stucture**:** Gyrus	Day 2 Brain Struc-ture**:** Cranial Nerve	Day 3 B. S.**:** Spinal Nerve	***Link from Brain Structure to Body-Bone Scaffold***	Body-frame Bone	Cervical, etc. Bone	Finger Bone	Thoracic**/** Rib Bone	Toe Bone
long	olfactory	C5	front pituitary	xiphoid process	C1	Mc 5	T1	Mt 5
short	optic	C6	back pituitary	sternum	C2	Mc 2	rib 1	Mt 2
dentate	olfactory	C7	infundibulum	manubrium	C3	Mc PP5	T2	Mt PP5
orbital	optic	C8	hypothalamus	clavicle	C4	Mc PP2	rib 2	Mt PP2
straight	oculomotor	T1	optic chiasm	scapula	S5	Mc MP5	T3	Mt MP5
subcallosal	trochlear	T2	inferior colliculus	humerus	S4	Mc MP2	rib 3	Mt MP2
cingulate	oculomotor	T3	superior colliculus	radius	S3	Mc DP5	T4	Mt DP5
lingual	trochlear	T4	pineal gland	ulna	C5	Mc DP2	rib 4	Mt DP2
inferior frontal	trigeminal	T5	posterior commissure	triquetrum	S2	Mc 4	T5	Mt 4
inferior frontal, opercular	abducent	T6	habenular commissure	pisiform	C6	scaphoid	rib 5	navicular
inferior frontal, triangular	trigeminal	T7	corpus callosum	hook of hamate	S1	Mc PP4	T6	Mt PP4
inferior frontal, orbital	abducent	T8	anterior commissure	lunate	C7	trapezoid	rib 6	cun.intermediate
supramarginal	facial	T9	thalamus	malleus	Cx 1	Mc MP4	T7	Mt MP4
superior temporal	vestibulocochlear	T10	tectal plate	incus	Cx 2	capitate	rib 7	cuneiform lateral
middle temporal	facial	T11	hippocampus	upper hip	Cx 3	Mc DP4	T8	Mt DP4
inferior temporal	vestibulocochlear	T12	fornix	pelvic hip	Cx 4	hamate	rib 8	cuboid
angular	glossopharyngeal	L1	mammillary bodies	stapes	L1	Mc 3	T9	Mt 3
lateral occipitotemporal	vagus	L2	subthalamic nuclues	hyoid	L2	trapezium	rib 9	cun. middle
middle occipitotemporal	glossopharyngeal	L3	red nucleus	femur	L3	Mc PP3	T10	Mt PP3
parahippocampal	vagus	L4	substantia nigra	tibia	L4	Mc 1	rib 10	Mt 1
postcentral	accessory	L5	putamen	fibula	L5	Mc MP3	T11	Mt MP3
precentral	hypoglossal	S1	globus palladium	patella	Mc Ss 2	Mc PP1	rib 11	Mt PP1
middle frontal	accessory	S2	caudate nucleus	calcaneus	Mc Ss 1	Mc DP3	T12	Mt DP3
superior frontal	hypoglossal	S3	amygdala	talus	Mt Ss1	Mc DP1	rib 12	Mt DP1

EPILOGUE - Summation Page for Most Basic How-To-Do-It - August, 2020

Only two bodily alignments, if they are capable of being achieved and maintained, are necessary in order to create the overall bodily alignment which I have proposed accords with the body likely being able to use gravitational energy for its functioning, not needing the aid of electrical or chemical energy, and, therefore, likely not being subject to life's usual afflictions.

One alignment in particular is made during inhalation, to be maintained during exhalation, as the second alignment, consequently occurring, is emphasized during exhalation (see Page 400 for relevance)**:**

1) During inhalation, align lumbar vertebra 5 (L5) between the pisiform of each wrist such that there is created the sensation of an undisruptable triangle being formed from the center of L5 (with this centering having a sense of elevation within the body of L5 as much as possible) with legs to each pisiform and a straight line then connecting the 2 pisiforms (each of these being the small round bone felt palm-side near the little-finger side of the wrist). * There should be sensation of breath to the sphenoid sinuses at the back of the nose.
2) During exhalation, maintain sensation of the formed triangle remaining unbroken by creating the sensation of "smiling with one's eyes," carrying mouth smile through outer eye corners (providing essential proper arrangement of the condylar process of the mandible). There is "lock in place" sensation of no collapse of risen structures being possible.

*The alignment given in this **1)** is that of alignment to what I hypothesize is our universe's Time dimension. If this alignment is achieved, it is likely there is automatic alignment to the 3 associated spatial dimensions in which we exist as overseen by structures discussed on Page 102 (Step 1) of the Introductory Text to Part 4 of this work as well as on Pages 71 and 79 of Part 3 (& Page 400, Part 6).

To Determine the Beginning Moment of You

The construct presented in this book of a human body capable of aligned functioning likely able to utilize gravitational energy is based on functioning that had its beginning during the first moment of each of us, presumably when a human egg is first fertilized,. I assume methods can be developed to easily determine that moment, probably based on some aspect of DNA. However, until there is an easy test for the "beginning moment of you," I now propose one means to do so for those liking to do somewhat difficult endeavors with their bodies**:**

1. Practice achieving the L5/pisiform alignment described in the section above.
2. Become aware of the 24 dermatomes of the body - where they are, how they run - with many versions to be found on the Web (also, Netter's Atlas of Human Anatomy, 2nd Edition, Page 150). In my construct the body cycles through these dermatomes, with emphasis on a different set of associated bodily structures, 5 times before starting over (24 x 5 = 120). Each dermatome holds sway for 3 days (120 x 3 = 360) yielding a 360-day year for our sequenced functioning.
3. Practice doing the L5/pisiform alignment of **1** above, particularly attempting to maintain it during exhalation. Then, during exhalation, attempt to determine whether a line of pressure can be felt along a particular one of the 24 dermatomes, the line of pressure especially felt toward the non-vertebral ends of the dermatome.
4. Notice which 3-day sequence of the pressure mentioned in **3** above occurs before the pressure jumps to the next dermatome to start its 3-day duration.

5. As best as possible, determine the likely general location of your place of conception. Determine the longitudinal time band corresponding to 8:52 a.m. at this location. Give the time of this time-band corresponding to 8:52 a.m. as the first moment of your 24-hour days.
6. Use your determined first moment of the day to assist you in finding which is the first day of the 3 days of the dermatome on which you felt pressure. In the vicinity of that beginning moment of one's 24-hour day, one can feel the change to the next dermatome in the sequence of 24 if one is at the beginning of Day 1 of this next dermatome or one will feel that he/she is remaining for Day 2 and/or Day 3 of the first-experienced dermatome.
7. Give the same determined first moment of the day to all your days.
8. Having determined your particular dermatome sequence, then go to Line 33, Column 3 on any odd-numbered page of the Tables of Part 4 and leaf through the pages of these Tables until your day's dermatome is found (given as the Nerve in Column 3). This page will give you many of the structures responsible for your functioning for that day. However, there is one last step.
9. Go to the box at the bottom of the odd-numbered page. One of the 6 numbered bones is shown to be the DAY 3 BOB-A. It is incumbent upon you, through using the L5/pisiform alignment, particularly holding it in place during exhalation by means of the aid of "smiling with your eyes," to sense which of the bones numbered (2) through (6) has the body's pressure devolve most greatly upon it. Then, you need only shift through the 120 odd-numbered pages to find the bottom box showing your discovered bone as the DAY 3 BOB-A.
When this page is found, you will have discovered the ordering of the pages of the Tables of Part 4 which apply to your body's functioning. After experiencing a Day 3, on your next day, you can proceed to the next page of the Tables for your next Day 1 as shown in the first of the 3 boxes at the bottom of the odd-numbered pages of the Tables of Part 4.

BLANK SECTION
Possibly for anatomical drawings
depicting the body's
Spinal Nerves with which the
Dermatomes of the body are associated.
On Page 69, the structures shown
in the column which is labeled
Interceded Spinal Nerves
1 (C5) - 24 (S3)
parallel the body's 24 Dermatomes.
There is particular reference to these
on Page 470 in the section,
"To Determine the Beginning Moment of You."

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Heinz R. Pagels Perfect Symmetry

Books of the following authors have been especially helpful: Steven Weinberg, Lee Smolin, Sir Arthur Eddington, Stephen Hawking, Roger Penrose, Richard P. Feynman, Martin Rees, Steven Pinker, Alan Holden, James Watson, Michael Riordan, Amir D. Aczel, Gondon Kane, James D. Livingston, Linus Pauling, Hubert Reeves, Charles Seife, J. E. Lovelock, C. R. Calladine / Horace R. Drew, Marcus Chown, Carl P, Swanson, John Brockman, Hans Christian von Baeyer, John Gribbin, David L. Heiserman, John Emsley, Richard Morris, Kitty Ferguson, Michael Rowan-Robinson, Lisa Randall, Brian Cox / Jeff Forshaw, Moray B. King, Carl Zimmer, Barry Parker, James Trefil, Timothy Ferris, Sean Carroll