LIFE

Reflections On

What it is,

How it developed/develops,

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

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

Forward

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.

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.

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. Examples are the points on what need to be slanted arrows in a table of Part 3 and 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 occur occasionally through this PDF could possibly accommodate the majority of essential drawings.

The dates given on the 120 odd-numbered pages in the Tables of Part 4 (Pages 117-356) are dates specific to me for the year 2014-5 based on my derived conception date (see Page 102). 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 112).

I make reference to DNA-making, RNA-making and Protein-making apparatus in the Tables of Part 4. This reference is possibly fanciful. 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 years-long, 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.

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

S-orbital

P-orbital

D-orbital

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

1 H ethmoid bone	2 He sphenoid bone											5 B xiphoid process	6 C sternum ----	7 N manubrium ----	8 O clavicle ----	9 F maxilla	10 Ne mandible
3 Li vomer bone	4 Be palatine bone															alveolar processes	
11 Na inf. nas. concha	12 Mg mid. nas. concha											13 Al scapula ----	14 Si humerus ----	15 P radius ----	16 S ulna ----	17 Cl upper	18 Ar lower
																wisdom teeth	
19 K sup. nas. concha	20 Ca high. nas. concha	21 Sc C1 ----	22 Ti C2 ----	23 V C3 ----	24 Cr C4 ----	25 Mn S4 ----	26 Fe S5 ----	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	36 Kr lower
																2nd molar	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	54 Xe lower
																1st molar	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	86 Rn lower 2nd
																pre-molar	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	118 - lower 1st
																pre-molar	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 - mastoid cells	176 - tympanic cells	177 - ethmoid cells	178 - sphenoid sinus	179 - maxillary sinus	180 - frontal sinus						

***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

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Possibly for anatomical drawings
depicting bony structures**:**
Lumbar vertebra 5 (L5),
Pisiforms of the wrists.
See Page 110, Number 5
for relevance.

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 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 Vertebra/Sesamoids	**Column 3** Finger Bones	**Column 4** Thoracic Vertebra/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, S4, 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, S5, 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 an 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) an 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 vertebra/sesamoid bones along with the finger bones and 3) the thoracic vertebra/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 my culmination of discoveries of relationships of bones and muscles to one another since my 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 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. 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 ciliares (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 two rows of scaffold bones of a page represent one in the sequence of the 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 a Respiratory System, the refinements including along the way Immune, Reproductive and Nervous 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 (& sternum), it is the Vomer; for C1 (& C2), the Superior Nasal Concha; for Mc 5 (& Mc 2), the Parietal; for T1 (& rib 1), the Temporal; for Mt 5 (& Mt 2), the Lacrimal. Then for the manubrium (& clavicle), the Palatine; for C3 (& C4), the Highest Nasal Concha; for Mc PP5 (& Mc PP2), the Occipital; for T2 (& rib 2), the Zygomatic; for Mt PP5 (& Mt PP2), the Maxilla.

Below is shown **Row Content**	**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 I	**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 II	**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 (& humerus), it is the Inferior Nasal Concha; for S4 (& S5), the Superior Nasal Concha; for Mc MP5 (& Mc MP2), the Parietal; for T3 (& rib 3), the Temporal; for Mt MP5 (& Mt MP2), the Lacrimal. Then for radius (& ulna), the Middle Nasal Concha; for S3 (& C5), the Highest Nasal Concha; for Mc DP5 (& Mc DP2), Occipital; for T4 (& rib 4), the Zygomatic; for Mt DP5 (& Mt DP2), the Maxilla.

Below is shown **Row Content**	**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 4 (S4)**	**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 III	**HUMERUS**	**SACRAL VERTEBRA 5 (S5)**	**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	transverse arytenoid -----	flexor carpi radialis -----	intertransversarii, cervical posterior & anterior	(ishio) coccygeus -----
The Bones' Muscles for Day 2 GCG-ala-3	circulatory system muscles	accessory muscle bundle	palmaris longus -----	intertransversarii, lumbar medial & thoracis	obturator internus -----
The Bones' Muscles for Day 3 GCA-ala-6	levator costae longus	oblique arytenoid -----	flexor carpi ulnaris -----	intertransversarii, lumbar lateral	piriformis -----
Scaffold of Bones for Chromosome 18, CN IV	**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 pectinate	lateral cricoarytenoid	extensor carpi radialis brevis	levator veli palatini -----	adductor minimus -----
The Bones' Muscles for Day 2 GCT-ala-12	heart, septal pectinate	superior oblique of eye	brachioradialis -----	salpingopharyngeus -----	gracilis -----
The Bones' Muscles for Day 3 GTG-val-4	heart, posterior pectinate	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 papillary	vocalis -----	extensor pollicis brevis	tensor tympani -----	soleus, inner part
The Bones' Muscles for Day 2 GTC-val-12	heart, septal papillary	oblique thyroarytenoid	extensor indicis -----	uvula -----	popliteus -----
The Bones' Muscles for Day 3 GTT-val-16	heart, posterior papillary	thyroarytenoid -----	extensor pollicis longus	stapedius -----	soleus, outer part

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 (& pisiform), it is the Superior Nasal Concha; for S2 (& C6), also Superior Nasal Concha; for Mc 4 (& scaphoid), the Parietal; for T5 (& rib 5), Temporal; for Mt 4 (& navicular), Lacrimal. Then for hook of hamate (& lunate), ***as well as*** for S1 (& C7), the Highest Nasal Concha; for Mc PP4 (& trapezoid), Occipital; for T6 (& rib 6), Zygomatic; for Mt PP4 (& cuneiform intermediate), the Maxilla. Below is shown **Row Content**

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 cervicis & capitis	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 V	**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 VI	**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 (& incus), it is the Nasal Bone; for Cx 1 (& Cx 2), also the Nasal; for Mc MP4 (& capitate), the Parietal Bone; for T7 (& rib 7), the Temporal Bone; for Mt MP4 (& cuneiform lateral), Lacrimal Bone. Then for upper hip (& pelvic hip), the Frontal Bone; for Cx 3 (& Cx 4), also the Frontal; for Mc DP4 (& hamate), Occipital Bone; for T8 (& rib 8), the Zygomatic Bone; for Mt DP4 (& cuboid), Maxilla Bone.

Below is shown **Row Content**	**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 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 superioris 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 inferioris	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 superioris	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 (& hyoid), it is the Parietal Bone; for L1 (& L2), the Nasal Bone; for Mc 3 (& trapezium), again the Parietal Bone; for T9 (& rib 9), the Temporal Bone; for Mt 3 (& cuneiform medial), the Lacrimal Bone. Then for femur (& tibia), the Occipital Bone; for L3 (& L4), the Frontal Bone; for Mc PP3 (& Mc 1), the Occipital Bone; for T10 (& rib 10), the Zygomatic; for Mt PP3 (& Mt 1), the Maxilla Bone.

Below is shown **Row Content**	**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	superficial masseter -----	opponens pollicis -----	cricothyroid, straight 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	deep masseter -----	opponens digiti minimi	cricothyroid, oblique 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	psoas -----
The Bones' Muscles for Day 2 CTT-leu-48	rectus abdominus, 3rd part	helicis major -----	abductor digiti minimi	superior pharyngeal constrictor	quadratus lumborum -----
The Bones' Muscles for Day 3 TGG-trp-4	serratus anterior, lower part	antitragicus -----	flexor digiti minimi brevis	buccinator -----	iliacus -----
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 (& patella), it is the Temporal Bone; for L5 (& Mc Ss 2), the Body of Mandible; for Mc MP3 (& Mc PP1), the Parietal Bone; for T11 (& rib 11), again the Temporal; for Mt MP3 (& Mt PP1), the Lacrimal. Then for calcaneus (& talus), the Zygomatic Bone; for Mc Ss 1 (& Mt Ss 1), the Ramus of Mandible; for Mc DP3 (& Mc DP1), the Occipital Bone; for T12 (& rib 12), the Zygomatic; for Mt DP3 & 1, Maxilla.

Below is shown **Row Content**	**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 XI	**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 XII	**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, vertical fibers	extensor carpi ulnaris	hyoglossus -----	sartorius -----
The Bones' Muscles for Day 3 TTG-leu-16	ischiocavernosus -----	genioglossus, oblique 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 -----

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Possibly for anatomical drawings
depicting bony structures**:**
Metacarpal sesamoids 2 (Mc Ss 2),
Incudes of the ears.
See Page 110, Number 5
for relevance.

The Bone / Muscle Table
(non-Scaffolded)

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 "line." In the pages of this book, which attempt to present a year-long process for eliminating the "line" 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, orbitalis and sphincter 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 pectinate	heart, septal pectinate	heart, posterior pectinate
ulna	heart, anterior papillary	heart, septal papillary	heart, posterior papillary

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
S4	thyroepiglottic	inferior oblique of eye	aryepiglottic
S5	transverse arytenoid	accessory muscle bundle	oblique 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	superficial masseter	temporalis	deep 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, lumbar medial & thoracis	intertransversarii, lumber lateral
T4	levator veli palatini	salpingopharyngeus	tensor veli palatini
rib 4	tensor tympani	uvula	stapedius
T5	longissimus capitis	spinalis cervicis & capitis	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, straight part	cricopharyngeus	cricothyroid, oblique 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	psoas	quadratus lumborum	iliacus
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, vertical fibers	genioglossus, oblique fibers
Mt Ss 1	intrinsic tongue, superior longitudinal fibers	intrinsic tongue, vertical & transverse fibers	intrinsic tongue, inferior longitudinal fibers

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Possibly for anatomical drawings
depicting bony structures**:**
Metacarpal sesamoids 1 (Mc Ss 1),
Hyoid (at back of chin).
See Page 110, Number 5
for relevance.

PART 2

A
Pattern
for
Matter Structure
Formation

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 go on to indicate that these layers are caused to expand by there coming to be an inroad into the concentrated energy of some form of outside environment just as, quite possibly, had happened with the initial concentration of energy; 4) then, the evidence might suggest that the result of the initial inroad into a concentrated energy entity, leading to its expansion, is to begin the separating out of 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 the 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-frontal sinus 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 frontal sinus 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 maxillary 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 sphenoid sinus as the enclosed leakage and the newest enclosed inroad channel. This process will continue on through three air cell sets (the ethmoid, tympanic and mastoid) 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 sinuses and the three air cell sets, 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 sinus/air cell sets, that is, the mastoid air cells, have opened up their enclosed, pressurizable selves 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, 2 by 2, 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 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, and, finally (System 6) 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.

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 heretofore can be taken, perhaps a " lesser" something such as that associated with thermal, chemical, electrical, mechanical 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 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 in addition to a means of replication as a way of handling radiation which cannot be dispersed by individual creatures. Finally, I have imagined System 5 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 of perhaps inadequate muscle configuration when confronted with non-dispersible radiation such that there is further stimulated the development of proto-protein-making apparatus in creatures of System 6 which will be instrumental in handling excess radiation that has not been able to be handled in any other way.

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 being 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 input of some thermal, electrical, chemical or mechanical 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 thermal, electrical, chemical and mechanical 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-12:36am >	Part 3<hormone>	Pineal Gland	Duodenum	Part 3	Part 3	Part 3	nipples
12:36am-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, vomer, palatine, 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 in their turn. The role played would be to serve as the bob center bone itself of the body in the scaffold of six

bones needed as the supporting framework of the body through a given set of three days or serve, alternatively, as one of the supporting bones in the scaffold when it is not the bob center itself.

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 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 the next set of four p-orbital bones with their associated scaffold bones for the next twelve days through six 12-day periods. Since each of the six members of a set of scaffold bones has 24 versions of itself with each of these having 3 muscles to adjust it through 3 days, for the most part there will be 72 day sequences of working through the 6 sets (24/4) of 6x6 soft tissue structures before commencing again through the same 6x6 soft tissue structures with emphasis/ pressure/ bob-center-point progressing through a different one of the 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) over that which it had had in developing potential cranial nerve pouches coming up Column 2, and the pouch created in connection with Element 2 (sphenoid bone) is the proto-cerebellum to be compartmentalized into six lobules and that there will be associated, eventually, with this pouch, 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 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 interjected after the original seven pouches representing the future six cerebellum lobules and the 24 cerebri gyri came into being.

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)*.

Frozen Time/Space Default Functioning of Organism Based on the Condensed/Truncated 4-Proto-Bone Scaffold

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-center 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 d-orbital bones when they are not serving as the 3rd-day bob-center bone 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 sinus/air cell sets (frontal, maxillary, sphenoid sinuses/ethmoid, tympanic, mastoid cell sets) with each of these 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.

End of Text

I end this text now with perhaps another Extreme Speculation based on musings from several years ago when my knowledge-deficient imaginings were what carried me on at all. I remain too knowledge-deficient to determine whether there might be a germ of possibility in this bit of ending text and, therefore, will leave it.

My on-going speculation as to the source of the elementary forces has inclined me toward

associating the Higgs field force with the first material-structure-forming journey through the Periodic Table when masses of matter appear to be brought forth. For the second journey through the Periodic Table, resulting in the differentiating out from the previously achieved masses of matter all the individual p-, d-, f- and x-orbital structures, I speculate that the strong force is at play in allowing this differentiation. For the third journey through the Periodic Table in which individual structures are provided with aiding/ abetting structure in a progressing situation, I have thought I've found my own particular reason to refer to the magnetic and electric forces as the one electromagnetic force. Aiding/ abetting structure sweeping through Rows 2-4 would seem to provide system-wide-distributed substances (lymph, blood, hormones as associated with respiration, circulation and digestion systems.) These substances have spoken of a general flow force I have imagined to be the magnetic force but with this segueing – in Rows 5-7 – into electric force activity to be associated with DNA-making, RNA-making and protein-making apparatus (immune, reproductive, nervous systems perhaps with voltage-gated ion channel development.)

Finally, for any further reference to progression through the Periodic Table, it would appear to need to be in association with symmetry breaking and the coming into play of weak force activity with perhaps ligand-gated ion channel development.

There follows now the Table based on my perceived Pattern for Matter Structure Formation.

BLANK PAGE
Possibly for anatomical drawings
depicting bony structures**:**
Metatarsal sesamoids 1 (Mt Ss 1),
Patellas (kneecaps).
See Page 110, Number 5
for relevance.

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 - FRONTAL SINUS** (reference Periodic Table of Elements/Correlated Human Body Structures, Page 1)	
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 >	**Elements 1-2 (H-He) mass, 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.** >	leaving remaining original energy 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 = frontal sinus 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 - maxillary sinus proto-bladder system for effluent(E1)
Element 179 = maxillary 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. - sphenoid sinus proto-armpit/sweat system for effluent(E2)
Element 178 = sphenoid sinus 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 - ethmoid cells proto-breast/lactiferous system for effluent(E3)
Element 177 = ethmoid cells 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 - tympanic cells proto-anus/anal system for effluent (E4)
Element 176 = tympanic 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 - mastoid cells proto-eye's conveyance system for effluent(E5)
Element 175 = mastoid cells 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 (basil ganglia?) 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 (thalumus?) 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 (hippo-campus?) 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 (hypo-thalumus?) 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 (posterior hypophysis?) 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 (anterior hypophysis?) 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. = S4 - pisiform
Element 32 = pisiform as enclosed during formation of Element 24 / Leaks to yield >	Element 25 = S4 + adapted proto-armpit/sweat system for effluent (E2)	Elements 26 - 30 & 31 encl. = S5 - triquetrum
Element 31 = triquetrum as enclosed during formation of Element 25 / Leaks to yield >	Element 26 = S5 + 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).
See Page 110, Number 6
for relevance.

PART 3

TABLES: Reference and Preparatory

(A Condensation of the Progression of Relationships found in Part 4 and Elsewhere in this Book)

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, S4, Mc MP5, T3, Mt MP5
lower wisdom tooth	16-18	SOS subcallosal	posterior semicircular duct ampullas	humerus, S5, 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** Olfactory	Cavernous Sinus 1 Olfactory	Optic	**v** CN II Optic	CN III **v** Oculomotor	Cavernous Sinus 2 Oculomotor	Trochlear	**v** CN IV Trochlear	CN V **v** Trigeminal	Cavernous Sinus 3 Trigeminal	Abducent	**v** CN VI Abducent
vomer bone	xiphoid	sternum										
palatine bone			manubrium	clavicle								
inferior nasal concha					scapula	humerus						
middle nasal concha							radius	ulna				
superior nasal concha	C1	C2			S4	S5			S2/triquetrum	C6/pisiform		
highest nasal concha			C3	C4			S3	C5			hook / S1	lunate / C7
nasal bone												
frontal bone												
parietal bone	Mc 5	Mc 2			Mc MP5	Mc MP2			Mc 4	scaphoid		
occipital bone			Mc PP5	Mc PP2			Mc DP5	Mc DP2			Mc PP4	trapezoid
temporal bone	T1	rib 1			T3	rib 3			T5	rib 5		
zygomatic bone			T2	rib 2			T4	rib 4			T6	rib 6
lacrimal bone	Mt 5	Mt 2			Mt MP5	Mt MP2			Mt 4	navicular		
maxilla bone			Mt PP5	Mt PP2			Mt DP5	Mt DP2			Mt PP4	cuneiform
body of mandible												intermediate
ramus of mandible												

Continued from above	CN VII **v** Facial	Cavernous Sinus 4 Facial	Vestibulo-cochlear	**v** CN VIII cochlear	CN IX **v** Glosso-pharyngeal	Cavernous Sinus 5 Glosso-pharyngeal	Vagus	**v** CN X Vagus	CN XI **v** Accessory	Cavernous Sinus 6 Accessory	Hypo-glossal	**v** CN XII 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	Cx 1/malleus |	Cx 2/ incus |			L1	L2						
frontal bone con't		|Cx3/upper hip	|Cx4/pelvic hip				L3	L4				
parietal bone con't	Mc MP4	capitate			Mc 3 / stapes	trapezium / hyoid |			Mc MP3	Mc PP1		
occipital bone con't			Mc DP4	hamate		| McPP3/femur		Mc 1 / tibia			Mc DP3	Mc DP1
temporal bone con't	T7	rib 7			T9	rib 9			T11 / fibula	rib 11/patella |		
zygomatic bone con't			T8	rib 8			T10	rib 10		| T12/calcaneus		rib 12/ talus
lacrimal bone con't	Mt MP 4	cuneiform lat.			Mt 3	cuneiform med.			Mt MP3	Mt PP1		
maxilla bone con't			Mt DP4	cuboid			Mt PP3	Mt 1			Mt DP3	Mt DP1
body of mandible con't									L5	Mc Ss 2		
ramus of mandible con't											Mc Ss 1	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, in its turn, each one 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:						
Row 2 p-orbitals (each 1 of 4 in its turn) (as controlled by Basil Ganglia)	Bone marrow	Carotid artery	Pineal gland (The Vomer overseeing these 6x6 soft tissue structures)	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 Thalamus)	Thoracic duct	Parathyroids	Thyroid gland (Inferior Nasal Concha overseeing these 6x6 structures)	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 Hippocampus)	Peyer's patches	Aorta	Pyloric gland (Superior Nasal Concha overseeing these 6x6 structures)	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 Hypothalamus)	Spleen	Subclavian artery	Pancreas (Nasal Bone overseeing these 6x6 soft tissue structures)	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 Anterior Pituitary)	Thymus	Celiac trunk	Suprarenal gland (Parietal Bone overseeing these 6x6 soft tissue structures)	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 Posrerior Pituitary)	Tonsils	Iliac artery	Gonads (Temporal Bone overseeing these 6x6 soft tissue structures)	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)	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)					
(> 24 Spinal Nerves, Ventral Roots)	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)	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)					
(> 24 Spinal Nerves, Dorsal Roots)	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)	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)					
(> 24 Spinal Nerves, Dorsal Roots)	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.

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)
S4 (Sacral vertebra 4) Nerve	Ethmoid Bone overseen Gyri 13-16 (supramarginal, superior temporal, middle temporal, inferior temporal)
S5 (Sacral vertebra 5) 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 I - Olfactory	vomer	sternum	C2	Mc PP5	rib 1	Mt PP5
3. C7 (Cervical vertebra 7) Nerve	CN II - Optic	palatine	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	S4	Mc MP5	T3	Mt MP5
6. T2 (Thoracic vertebra 2) Nerve	CN III - Oculomotor	inferior nasal concha	humerus	S5	Mc MP2	rib 3	Mt MP2
7. T3 (Thoracic vertebra 3) Nerve	CN IV - Trochlear	middle 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 V - Trigeminal	superior nasal concha	pisiform	C6	scaphoid	rib 5	navicular
11. T7 (Thoracic vertebra 7) Nerve	CN VI - Abducent	highest 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 VII - Facial	nasal bone	incus	Cx 2	capitate	rib 7	cuneiform lateral
15. T11 (Thoracic vertebra 11) N.	CN VIII - Vestibulocochlear	frontal 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 IX - Glossopharyngeal	parietal bone	hyoid	L2	trapezium	rib 9	cuneiform medial
19. L3 (Lumbar vertebra 3) Nerve	CN X - Vagus	occipital 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 XI - Accessory	temporal bone	patella	Mc Ss 2	Mc PP1	rib 11	Mt PP1
23. S2 (Sacral vertebra 2) Nerve	CN XII - Hypoglossal	zygomatic 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

Table of BREATH DESTINATIONS

& TABLE OF THE INSTIGATING SOURCE OF THE STRUCTURES OF THE HUMAN BODY AS SEQUENTIALLY CORRELATED TO THE ELEMENTS OF THE PERIODIC TABLE, THE PRESENT TABLE BEING, THEN, A TABLE OF HOW HUMAN BODY STRUCTURES CAME/COME TO BE**:**

Table of "HOW THEY CAME/COME TO BE"

COMMENTS

Under the basic assumption of this entire work that it is the invasion of the intregrity of one sort of energy by that of another which provides the possibility of matter structure formation, the indications below are that breath, providing the most elemental invasion of outside environment into the human entity, is the primary continuation of the original invading "outside environment" into the integrity of that energy entity, which is then hindered into becoming material structure.

SEE CONTINUATION OF COMMENTS AT BOTTOM OF NEXT PAGE

Breath (the elemental intake), along the tracts shown below, expands the body, pressuring one structure, while forming a vacuum for intake in another, to wit >	**Inhalation along tracts of 1st Column of this Table likely causes a vacuum for intake to form in Inroad Channels^ of 2nd (or 3rd) Column below due to breath-expanded body bringing pressure to bear on, and altering, Resulting Structures^^ of adjoining 3rd (or 2nd) column.**	
Note 8/6/2012: The average human on a sustaining diet would consume less than 5 pounds of food in 24 hours. Air intaken as breath over 24 hours would have a weight of 27+ pounds.		
Nasolacrimal duct to superior lacrimal canaliculi, breath captured by the Sigmoid/Transverse Sinus to arrange cerebrum and its Long Gyrus in particular	ingress of outside environment^, then S3^ yielding > **(Code: ^ or ^^ has special meaning as indicated above but <, >, v are directional arrows.)**	ethmoid bone^^
Nasolacrimal duct to superior lacrimal canaliculi, breath captured by the Sigmoid/Transverse Sinus to arrange cerebrum and its Short Gyrus in particular	ingress of outside environment^, then C5^ yielding > **(Additional Code: ^^^ indicates a Resulting Structure^^ serving in its role as the Enclosing Originator of an Inroad Channel^.)**	sphenoid bone^^
Nasolacrimal duct to inferior lacrimal canaliculi, breath captured by a Cavernous Sinus (1-6) to arrange a Cerebellum Lobule (1-6), thus gyrus of day's p-orbital bone	frontal sinus^, then ethmoid bone overseen series of soft tissue structure (cerebrum)^^^ + Row 2 p-orbital structures^ yielding >	vomer bone^^
Nasolacrimal duct to inferior lacrimal canaliculi, breath captured by a Cavernous Sinus (1-6) to arrange a Cerebellum Lobule (1-6), thus gyrus of day's p-orbital bone	frontal sinus^, then S2^ yielding >	palatine bone^^
Eustacean tube to mastoid cells to arrange Long Gyrus (and Cerebellum Lobule 1)	frontal sinus^, then *b.w.o.* ethmoid b.'s 6th cerebrum partition^^^enclosing> (vomer bone's Gyrus 1's bone marrow^^)	xiphoid process^ < yielding
Eustacean tube to mastoid cells to arrange Short Gyrus (and Cerebellum Lobule 1)	frontal sinus^, then *b.w.o.* vomer b.'s Gyrus 1's bone marrow^^^enclosing> (vomer bone's Gyrus 2's carotid artery^^)	sternum^ < yielding
Eustacean tube to mastoid cells to arrange Dentate Gyrus (and Cerebellum Lobule 1)	frontal sinus^, then *b.w.o.* vomer b.'s Gyrus 2's carotid artery^^^enclosing> (vomer bone's Gyrus 3's pineal gland^^)	manubrium^ < yielding
Eustacean tube to mastoid cells to arrange Orbital Gyrus (and Cerebellum Lobule 1)	frontal sinus^, then *b.w.o.* vomer b.'s Gyrus 3's pineal gland^^^enclosing > (vomer bone's Gyrus 4's DNA-making apparatus^^)	clavicle^ < yielding
Nasolacrimal duct to superior lacrimal canaliculi, breath captured by the Sigmoid/Transverse Sinus to arrange cerebrum and its Dentate Gyrus in particular	frontal sinus^, then *b.w.o.* vomer b.'s Gyrus 4's DNA-making apparatus^^^ enclosing> (vomer bone's Cranial Nerve I's RNA-making apparatus^^)	maxilla alveolar process^ < yielding
Nasolacrimal duct to superior lacrimal canaliculi, breath captured by the Sigmoid/Transverse Sinus to arrange cerebrum and its Orbital Gyrus in particular	frontal sinus^, then *b.w.o.* vomer b.'s CN I's RNA-making apparatus^^^ enclosing> (vomer bone's Cranial Nerve II's protein-making apparatus^^)	mandible alveolar pro- **v** < yielding < cess^

Inhalation along 1st Column tracts below likely causes vacuum for intake to form in Inroad Channels^ of 2nd (or 3rd) Column due to breath-expanded body bringing pressure to bear on, and altering, Resulting Structures^^ of adjoining 3rd (or 2nd) Column, with exhalation likely reversing the process.		
Nasolacrimal duct to inferior lacrimal canaliculi, breath captured by a Cavernous Sinus (1-6) to arrange a Cerebellum Lobule (1-6), thus gyrus of day's p-orbital bone	maxillary sinus^, then vomer bone overseen series of soft tissue structures^^^ + Row 3 p-orbital structures^ yielding >	inferior nasal concha^^
Nasolacrimal duct to inferior lacrimal canaliculi, breath captured by a Cavernous Sinus (1-6) to arrange a Cerebellum Lobule (1-6), thus gyrus of day's p-orbital bone	maxillary sinus^, then C6^ yielding > **Code Reminder: ^ =** Inroad Channel**; ^^ =** Resulting Structure**; ^^^ =** Originator Encloser**; <, >, v =** Directional Arrows	middle nasal concha^^
Eustacean tube to tympanic cells to arange Straight Gyrus (and Cerebellum Lobule 2)	*1 > (b.w.o. maxillary s.^, then ethmoid bone's 5th cerebrum partition^^^ enclosing scapula^)* vomer bone's CN II's protein-making apparatus^^^ adapting >	scapula^ yielding >2
Eustacean tube to tympanic cells to arrange Subcallosal Gyrus (and Cerebellum Lobule 2)	*2 > (b.w.o. maxillary s.^, then ethmoid bone's 4th cerebrum partition^^^ enclosing humerus^)* inferior nasal concha's Gyrus 5's thoracic duct^^^ adapting >	humerus^ yielding >3
Eustacean tube to tympanic cells to arrange Cingulate Gyrus (and Cerebellum Lobule 2)	*3 > (b.w.o. maxillary s.^, then ethmoid bone's 3rd cerebrum partition^^^ enclosing radius^)* inferior nasal concha's Gyrus 6's parathyroids^^^ adapting >	radius^ yielding >4
Eustacean tube to tympanic cells to arrange Lingual Gyrus (and Cerebellum Lobule 2)	*4 > (b.w.o. maxillary s.^, then ethmoid bone's 2nd cerebrum partition^^^ enclosing ulna^)* inferior nasal concha's Gyrus 7's thyroid gland^^^ adapting >	ulna^ yielding >5
Nasolacrimal duct to superior lacrimal canaliculi, breath captured by the Straight/Occipital Sinus to arrange cerebrum and its Straight Gyrus in particular	*5 > (b.w.o. maxillary s.^, then ethmoid b.'s 1st cerebrum partition^^^ enclosing upper wisdom tooth^)* inferior nasal concha's Gyrus 8's DNA-making apparatus^^^ adapting >	upper wisdom tooth^ yielding >6
Nasolacrimal duct to superior lacrimal canaliculi, breath captured by the Straight/Occipital Sinus to arrange cerebrum and its Subcallosal Gyrus in particular	*6 > (b.w.o. maxillary s.^, then ethmoid bone's cerebrum "pouch"^^^ enclosing lower wisdom tooth^)* inferior nasal concha's CN III's RNA-making apparatus^^^ adapting >	lower wisdom tooth^ yielding 7>

Comments - continued from top of previous page

On July 5, 2012 many will engage for a moment in discussion of the Higgs boson, possibly just discovered. I would say to them, "We living creatures make matter. From some beginning at least 4+ billion years ago, we take in energy, process it and turn it into more of us plus effluent and remains, and the theater of our activity expands and expands. And maybe what happens is that during the first eon of the gobbling up of an incomplete energy by its encounter with a more complete, or different form of, energy, an imbalance insinuates itself so that the gobbling-up mechanism skews and then replicates itself with its incorporated skew, and all the skewing leads to more and more expansion of the gobbling-up mechanism, the initial form of which was perhaps the originating Higgs boson of all the expansion to come."

I have suggested that the first bringing forth of matter at the place in the universe to be occupied by our earth resulted in the possibility of a single entity (from which would come replicated entities, reproduced entities, the effluent and remains of both and earth itself) from which, then, was brought forth all the initial matter structure from which would spring the individualized structures of a Periodic Table of Elements/Correlated Human Structures. In my proposal, uncounted steps over eons were required to bring forth from one mass of matter the differentiated individual structures of such a Periodic Table.

I have to imagine that different time frames of bringing forth individualized structure, and different emphasis of individual structures, would produce the organisms required at any given time to carry forth what had to be happening in the universe at earth's spot within it at that time. Presumably, however, all the entities succeeding from a first entity - as a result of the limit of matter structure being reached within the first entity such that there develop processes first for replication and then for reproduction - in whatever the emphasis of the parts composing the entities, issued from a complete mass of matter represented by all the mass required to form the structures of a single Periodic Table.

continued on last page of this table

Inhalation along 1st Column tracts below likely causes vacuum for intake to form in Inroad Channels^ of 2nd (or 3rd) Column due to breath-expanded body bringing pressure to bear on, and altering, Resulting Structures^^ of adjoining 3rd (or 2nd) Column, with exhalation likely reversing the process.		
Nasolacrimal duct to inferior lacrimal canaliculi, breath captured by a Cavernous Sinus (1-6) to arrange a Cerebellum Lobule (1-6) to arrange gyrus of day's p-orbital	sphenoid sinus^, then inferior nasal concha overseen series of soft tissue structures^^^ + Row 4 p-orbital structures^ yielding >	superior nasal concha^^
Nasolacrimal duct to inferior lacrimal canaliculi, breath captured by a Cavernous Sinus (1-6) to arrange a Cerebellum Lobule (1-6) to arrange gyrus of day's p-orbital	sphenoid sinus^, then L1^ yielding > **Code Reminder: ^ =** Inroad Channel**; ^^ =** Resulting Structure**; ^^^** = Originator Encloser**; <, >, v** = Arrows**; /** = "Up to right" Arrow	highest nasal concha^^
Eustacean tube to anterior semicircular duct ampulla to arrange Long Gyrus (and Cerebellum Lobule 1)	sphenoid sinus^, then lower 2nd molar^ yielding >	C1^^
Eustacean tube to anterior semicircular duct ampulla to arrange Short Gyrus (and Cerebellum Lobule 1)	sphenoid sinus^, then upper 2nd molar^ yielding >	C2^^
Eustacean tube to anterior semicircular duct ampulla to arrange Dentate Gyrus (and Cerebellum Lobule 1)	sphenoid sinus^, then lunate^ yielding >	C3^^
Eustacean tube to anterior semicircular duct ampulla to arrange Orbital Gyrus (and Cerebellum Lobule 1)	sphenoid sinus^, then hook of hamate^ yielding >	C4^^
Eustacean tube to posterior semicircular duct ampulla to arrange Straight Gyrus (and Cerebellum Lobule 2)	sphenoid sinus^, then pisiform^ yielding >	S4^^
Eustacean tube to posterior semicircular duct ampulla to arrange Subcallosal Gyrus (and Cerebellum Lobule 2)	sphenoid sinus^, then triquetrum^ yielding >	S5^^
Eustacean tube to posterior semicircular duct ampulla to arrange Cingulate Gyrus (and Cerebellum Lobule 2)	sphenoid s.^, then sphenoid b.'s cerebellum (to be layered)^^^ enclosing > (ethmoid bone overseen cerebrum to be partitioned ^^)	S3^ < yielding
Eustacean tube to posterior semicircular duct ampulla to arrange Lingual Gyrus (and Cerebellum Lobule 2)	sphenoid s.^, then palatine bone's CN I-II's kidney^^^ enclosing > (sphenoid bone overseen cerebellum to be layered ^^)	C5^ < yielding
Eustacean tube to lateral semicircular duct ampulla to arrange Inferior Frontal Gyrus (and Cerebellum Lobule 3)	sphenoid s.^, > middle nasal concha's CN III-IV's gallbladder^^^enclosing> (palatine bone overseen Cranial Nerves I-II "pouch" over kidney^^)	S2^ < yielding
Eustacean tube to lateral semicircular duct ampulla arranging Inferior Frontal Gyrus, Orbital Part (& Cerebellum Lobule 3)	sphenoid sinus^, then S5^^^ enclosing > (middle nasal concha overseen CN III-IV "pouch" over gallbladder^^)	C6^ < yielding
Nasal meata to ethmoid cells to arrange Inferior Frontal Gyrus (and Cerebellum Lobule 3)	*>7> (b.w.o. sphenoid sinus^, then S4^^^ enclosing triquetrum^)* inferior nasal concha's CN IV's protein-making apparatus^^^ adapting /	triquetrum^ yielding *>8*
Nasal meata to ethmoid cells to arrange Inferior Frontal Gyrus, Orbital Part (and Cerebellum Lobule 3)	*8> (b.w.o. sphenoid sinus ^, then C4^^^ enclosing pisiform^)* superior nasal concha's Gyrus 9's Peyer's patches^^^ adapting /	pisiform^ yielding *>9*
Nasal meata to ethmoid cells to arrange Inferior Frontal Gyrus, Triangular Part (and Cerebellum Lobule 3)	*9> (b.w.o. sphenoid sinus ^, then C3^^^ enclosing hook of hamate^)* superior nasal concha's Gyrus 10's aorta^^^ adapting /	hook of hamate^ yielding *>10*
Nasal meata to ethmoid cells to arrange Inferior Frontal Gyrus, Opercular Part (and Cerebellum Lobule 3)	*10> (b.w.o. sphenoid sinus ^, then C2^^^ enclosing lunate^)* superior nasal concha's Gyrus 11's pyloric gland^^^ adapting /	lunate^ yielding *>11*
Nasolacrimal duct to superior lacrimal canaliculi, breath captured by the Straight/Occipital Sinus to arrange cerebrum and its Cingulate Gyrus in particular	*11> (b.w.o. sphenoid sinus ^, then C1^^^ enclosing upper 2nd molar^)* superior nasal concha's Gyrus 12's DNA-making apparatus^^^ adapting >	upper 2nd molar^ yielding *>12*
Nasolacrimal duct to superior lacrimal canaliculi, breath captured by the Straight/Occipital Sinus to arrange cerebrum and its Lingual Gyrus in particular	*12> (b.w.o. sphenoid sinus ^, then highest nasal concha overseen Cranial Nerves V-VI "pouch" over duodenum^^^ enclosing lower 2nd molar^)* superior nasal concha's CN V's RNA-making apparatus^^^ adapting /	lower 2nd molar^ yielding *>13>*

Inhalation along 1st Column tracts below likely causes vacuum for intake to form in Inroad Channels^ of 2nd (or 3rd) Column due to breath-expanded body bringing pressure to bear on, and altering, Resulting Structures^^ of adjoining 3rd (or 2nd) Column, with exhalation likely reversing the process.		
Nasolacrimal duct to inferior lacrimal canaliculi, breath captured by a Cavernous Sinus (1-6) to arrange a Cerebellum Lobule (1-6) to arrange gyrus of day's p-orbital	ethmoid cells^, then superior nasal concha overseen series of soft tissue structures^^^ + Row 5 p-orbitals structures^ yielding >	nasal bone^^
Nasolacrimal duct to inferior lacrimal canaliculi, breath captured by a Cavernous Sinus (1-6) to arrange a Cerebellum Lobule (1-6) to arrange gyrus of day's p-orbital	ethmoid cells^, then L2 ^ yielding > **Code Reminder: ^ =** Inroad Channel**; ^^ =** Resulting Structure**; ^^^** = Originator Encloser**; <, >, v** = Arrows**;** */* = "Up to right" Arrow	frontal bone^^
Eustacean tube to utricle to arrange Inferior Frontal Gyrus, Triangular Part (and Cerebellum Lobule 4)	ethmoid cells^, then lower 1st molar^ yielding >	S1^^
Eustacean tube to utricle to arrange Inferior Frontal Gyrus, Opercular Part (and Cerebellum Lobule 4)	ethmoid cells^, then upper 1st molar^ yielding >	C7^^
Eustacean tube to saccule to arrange Supramarginal Gyrus (and Cerebellum Lobule 4)	ethmoid cells^, then pelvic hip^ yielding >	Cx 1^^
Eustacean tube to saccule to arrange Superior Temporal Gyrus (and Cerebellum Lobule 4)	ethmoid cells^, then upper hip^ yielding >	Cx 2^^
Eustacean tube to saccule to arrange Middle Temporal Gyrus (and Cerebellum Lobule 4)	ethmoid cells^, then incus^ yielding >	Cx 3^^
Eustacean tube to saccule to arrange Inferior Temporal Gyrus (and Cerebellum Lobule 4)	ethmoid cells^, then malleus^ yielding >	Cx 4^^
Eustacean tube to cochlea's outer hair cells to arrange Angular Gyrus (and Cerebellum Lobule 5)	ethmoid c.^, then frontal b.'s Cranial Nerves VII-VIII's liver^^^enclosing > (highest nasal concha overseen Cranial Nerves V-VI over duodenum^^)	L1^ < yielding
Eustacean tube to cochlea's outer hair cells to arrange Lateral Occipitotemporal Gyrus (and Cerebellum Lobule 5)	ethmoid cells^, then occipital bone's CN IX-X's ventricles^^^ enclosing > (frontal bone overseen Cranial Nerves VII-VIII over liver^^)	L2^ < yielding
Eustacean tube to cochlea's outer hair cells to arrange Middle Occipitotemporal Gyrus (and Cerebellum Lobule 5)	ethmoid cells^, then zygomatic b.'s CN XI-XII's nerve sets^^^enclosing > (occipital bone overseen Cranial Nerves IX-X over ventricles^^)	L3^ < yielding
Eustacean tube to cochlea's outer hair cells to arrange Parahippocampal Gyrus (and Cerebellum Lobule 5)	ethmoid cells ^, then Cx 4^^^ enclosing > (zygomatic bone overseen Cranial Nerves XI-XII over nerve sets^^)	L4^ < yielding
Superior nasal meatus to sphenoid sinus to arrange Supramarginal Gyrus (and Cerebellum Lobule 4)	*>13> (b.w.o. ethmoid cells^, then Cx 3^^^ enclosing malleus^)* superior nasal concha's CN VI's protein-making apparatus^^^ adapting /	malleus^ yielding *>14*
Superior nasal meatus to sphenoid sinus to arrange Superior Temporal Gyrus (and Cerebellum Lobule 4)	*14> (b.w.o. ethmoid cells^, then Cx 2^^^ enclosing incus^)* nasal bone's Gyrus 13's spleen^^^ adapting /	incus^ yielding *>15*
Superior nasal meatus to sphenoid sinus to arrange Middle Temporal Gyrus (and Cerebellum Lobule 4)	*15> (b.w.o. ethmoid cells^, then Cx 1^^^ enclosing upper hip^)* nasal bone's Gyrus 14's subclavian artery^^^ adapting /	upper hip^ yielding *>16*
Superior nasal meatus to sphenoid sinus to arrange Inferior Temporal Gyrus (and Cerebellum Lobule 4)	*16> (b.w.o. ethmoid cells^, then C7^^^ enclosing pelvic hip^)* nasal bone's Gyrus 15's pancreas^^^ adapting /	pelvic hip^ yielding *>17*
Nasolacrimal duct to superior lacrimal canaliculi, breath captured by the Superior Petrosal Sinus to arrange cerebrum and its Inferior Frontal Gyrus in particular	*17> (b.w.o. ethmoid cells^, then S1^^^ enclosing upper 1st molar^)* nasal bone's Gyrus 16's DNA-making apparatus^^^ adapting >	upper 1st molar^ yielding *>18*
Nasolacrimal duct to superior lacrimal canaliculi, breath captured by the Superior Petrosal Sinus to arrange cerebrum and its Inferior Frontal Gyrus, Orbital Part	*18> (b.w.o. ethmoid cells^, then Mc DP1^^^ enclosing lower 1st molar^)* nasal bone's Cranial Nerve VII's RNA-making apparatus^^^ adapting >	lower 1st molar^ yielding *>19>*

Inhalation along 1st Column tracts below likely causes vacuum for intake to form in Inroad Channels^ of 2nd (or 3rd) Column due to breath-expanded body bringing pressure to bear on, and altering, Resulting Structures^^ of adjoining 3rd (or 2nd) Column, with exhalation likely reversing the process.		
Nasolacrimal duct to inferior lacrimal canaliculi, breath captured by a Cavernous Sinus (1-6) arranging a Cerebellum Lobule (1-6) & gyrus of day's p-orbital bone	tympanic cells^, then nasal bone overseen series of soft tissue structures^^^ + Row 6 p-orbital structures^ yielding /	parietal bone^^
Nasolacrimal duct to inferior lacrimal canaliculi, breath captured by a Cavernous Sinus (1-6) arranging a Cerebellum Lobule (1-6) & gyrus of day's p-orbital bone	tympanic cells^, then L3^ yielding > **Code Reminder: /** = "Up to right" Arrow	occipital bone^^
Trachea to RLS 1 arranging Long Gyrus (& Cerebellum Lobule 1)	tympanic cells^, then lower 2nd pre-molar^ yielding >	Mc 5^^
Trachea to RLS 1 arranging Short Gyrus (& Cerebellum Lobule 1)	tympanic cells^, then upper 2nd pre-molar^ yielding >	Mc 2^^
Trachea to RLS 1 arranging Dentate Gyrus (& Cerebellum Lobule 1)	tympanic cells^, then patella^ yielding >	Mc PP5^^
Trachea to RLS 1 arranging Orbital Gyrus, (& Cerebellum Lobule 1)	tympanic cells^, then femur^ yielding >	Mc PP2^^
Trachea to LLS 1+2 arranging Straight Gyrus (& Cerebellum Lobule 2)	tympanic cells^, then stapes^ yielding >	Mc MP5^^
Trachea to LLS 1+2 arranging Subcallosal Gyrus (& Cerebellum Lobule 2)	tympanic cells^, then incus^ yielding >	Mc MP2^^
Trachea to LLS 1+2 arranging Cingulate Gyrus (& Cerebellum Lobule 2)	tympanic cells^, then RLS 10**"**^ (**"** denotes yielding >	Mc DP5^^
Trachea to LLS 1+2 arranging Lingual Gyrus (& Cerebellum Lobule 2)	tympanic cells^, then LLS 10**"**^ a level of yielding >	Mc DP2^^
Trachea to RLS 2 arranging Inferior Frontal Gyrus (& Cerebellum Lobule 3)	tympanic cells^, then RLS 9**"**^ bronchial yielding >	Mc 4^^
Trachea to RLS 2 arranging Inf. Frontal Gyrus, Orbital (& Cerebellum Lobule 3)	tympanic cells^, then LLS 9**"**^ branching) yielding >	scaphoid^^
Trachea to RLS 2 arranging Inf. Frontal Gyrus, Triangular (& Cerebellum Lobule 3)	tympanic cells^, then RLS 8**"**^ yielding >	Mc PP4^^
Trachea to RLS 2 arranging Inf. Frontal Gyrus, Opercular (& Cerebellum Lobule 3)	tympanic cells^, then LLS 7+8**"**^ yielding >	trapezoid^^
Trachea to LLS 3 arranging Supramarginal Gyrus (& Cerebellum Lobule 4)	tympanic cells^, then RLS 7**"**^ yielding >	Mc MP4^^
Trachea to LLS 3 arranging Superior Temporal Gyrus (& Cerebellum Lobule 4)	tympanic cells^, then RLS 6**"**^ yielding >	capitate^^
Trachea to LLS 3 arranging Middle Temporal Gyrus (& Cerebellum Lobule 4)	tympanic cells^, then LLS 6**"**^ yielding >	Mc DP4^^
Trachea to LLS 3 arranging Inferior Temporal Gyrus (& Cerebellum Lobule 4)	tympanic cells^, then RLS 5**"**^ yielding >	hamate^^
Trachea to RLS 3 arranging Angular Gyrus (& Cerebellum Lobule 5)	tympanic cells^, then LLS 5**"**^ yielding >	Mc 3^^
Trachea to RLS 3 arranging Lat. Occipitotemporal Gyrus (& Cerebellum Lobule 5)	tympanic cells^, then RLS 4**"**^ yielding >	trapezium^^
Trachea to RLS 3 arranging Mid. Occipitotemporal Gyrus (& Cerebellum Lobule 5)	tympanic cells^, then LLS 4**"**^ yielding >	Mc PP3^^
Trachea to RLS 3 arranging Parahippocampal Gyrus (& Cerebellum Lobule 5)	tympanic cells^, then RLS 3**"**^ yielding >	Mc 1^^
Trachea to LLS 4 arranging Postcentral Gyrus (& Cerebellum Lobule 6)	tympanic cells^, then LLS 3**"**^ yielding >	Mc MP3^^
Trachea to LLS 4 arranging Precentral Gyrus (& Cerebellum Lobule 6)	tympanic cells^, then RLS 2**"**^ yielding >	Mc PP1^^
Trachea to LLS 4 arranging Middle Frontal Gyrus (& Cerebellum Lobule 6)	tympanic cells^, then LLS 1+2**"**^ yielding >	Mc DP3^^
Trachea to LLS 4 arranging Superior Frontal Gyrus (& Cerebellum Lobule 6)	tympanic cells^, then RLS 1**"**^ yielding >	Mc DP1^^
Middle nasal meatus to maxillary sinus to arrange Angular Gyrus (& Cerebellum Lobule 5)	*>19> (b.w.o. tympanic cells^, then Mc MP5^^^enclosing stapes^)* nasal bone's CN VIII's protein-making apparatus^^^adapting /	stapes^ yielding *>20*
Middle nasal meatus to maxillary sinus to arrange Lateral Occipitotemporal Gyrus (& Cerebellum Lobule 5)	*20> (b.w.o. tympanic cells^, then Mc PP2^^^ enclosing hyoid^)* parietal bone's Gyrus 17's thymus^^^ adapting /	hyoid^ yielding *>21*
Middle nasal meatus to maxillary sinus to arrange Middle Occipitotemporal Gyrus (& Cerebellum Lobule 5)	*21> (b.w.o. tympanic cells^, then Mc PP5^^^ enclosing femur^)* parietal bone's Gyrus 18's celiac trunk^^^ adapting /	femur^ yielding *>22*
Middle nasal meatus to maxillary sinus to arrange Parahippocampal Gyrus (& Cerebellum Lobule 5)	*22> (b.w.o. tympanic cells^, then Mc 2^^^ enclosing tibia^)* parietal bone's Gyrus 19's suprarenal gland^^^ adapting /	tibia^ yielding *>23*
Nasolacrimal duct to superior lacrimal canaliculi, breath captured by Superior Petrosal Sinus to arrange cerebrum, its Inferior Frontal Gyrus, Triangular Part	*23> (b.w.o. tympanic c.^, then Mc 5^^^ enclosing upper 2nd pre-molar)* parietal b.'s Gyrus 20's DNA-making app.^^^adapting /	upper 2nd pre-molar^yielding*>24*
Nasolacrimal duct to superior lacrimal canaliculi, breath captured by Superior Petrosal Sinus to arrange cerebrum, its Inferior Frontal Gyrus, Opercular Part	*24> (b.w.o. tympanic c.^, then rib 12^^^enclosing lower 2nd pre-molar)* parietal b.'s CN IX's RNA-making app.^^^adapting /	lower 2nd pre-molar^yielding*25>*

Inhalation along 1st Column tracts below likely causes vacuum for intake to form in Inroad Channels^ of 2nd (or 3rd) Column due to breath-expanded body bringing pressure to bear on, and altering, Resulting Structures^^ of adjoining 3rd (or 2nd) Column, with exhalation likely reversing the process.		
Nasolacrimal duct to inferior lacrimal canaliculi, breath captured by a Cavernous Sinus (1-6) arranging a Cerebellum Lobule (1-6) & gyrus of day's p-orbital bone	mastoid cells^, then parietal bone overseen series of soft tissue structures^^^ + Row 7 p-orbital structures^ yielding /	temporal bone^^
Nasolacrimal duct to inferior lacrimal canaliculi, breath captured by a Cavernous Sinus (1-6) arranging a Cerebellum Lobule (1-6) & gyrus of day's p-orbital bone	mastoid cells^, then L4^ yielding > **Code Reminder:** / = "Up to right" Arrow	zygomatic bone^^
Trachea to RLS 4 arranging Long Gyrus (& Cerebellum Lobule 1)	mastoid cells^, then lower 1st pre-molar^ yielding >	T1^^
Trachea to RLS 4 arranging Short Gyrus (& Cerebellum Lobule 1)	mastoid cells^, then upper 1st pre-molar^ yielding >	rib 1^^
Trachea to RLS 4 arranging Dentate Gyrus (& Cerebellum Lobule 1)	mastoid cells^, then talus^ yielding >	T2^^
Trachea to RLS 4 arranging Orbital Gyrus, (& Cerebellum Lobule 1)	mastoid cells^, then calcaneus^ yielding >	rib 2^^
Trachea to LLS 5 arranging Straight Gyrus (& Cerebellum Lobule 2)	mastoid cells^, then fibula^ yielding >	T3^^
Trachea to LLS 5 arranging Subcallosal Gyrus (& Cerebellum Lobule 2)	mastoid cells^, then tibia^ yielding >	rib 3^^
Trachea to LLS 5 arranging Cingulate Gyrus (& Cerebellum Lobule 2)	mastoid cells^, then RLS 10'^ (' denotes yielding >	T4^^
Trachea to LLS 5 arranging Lingual Gyrus (& Cerebellum Lobule 2)	mastoid cells^, then LLS 10'^ a level of yielding >	rib 4^^
Trachea to RLS 5 arranging Inferior Frontal Gyrus (& Cerebellum Lobule 3)	mastoid cells^, then RLS 9'^ bronchial yielding >	T5^^
Trachea to RLS 5 arranging Inf. Frontal Gyrus, Orbital (& Cerebellum Lobule 3)	mastoid cells^, then LLS 9'^ branching) yielding >	rib 5^^
Trachea to RLS 5 arranging Inf. Frontal Gyrus, Triangular (& Cerebellum Lobule 3)	mastoid cells^, then RLS 8'^ yielding >	T6^^
Trachea to RLS 5 arranging Inf. Frontal Gyrus, Opercular (& Cerebellum Lobule 3)	mastoid cells^, then LLS 7+8'^ yielding >	rib 6^^
Trachea to LLS 6 arranging Supramarginal Gyrus (& Cerebellum Lobule 4)	mastoid cells^, then RLS 7'^ yielding >	T7^^
Trachea to LLS 6 arranging Superior Temporal Gyrus (& Cerebellum Lobule 4)	mastoid cells^, then RLS 6'^ yielding >	rib 7^^
Trachea to LLS 6 arranging Middle Temporal Gyrus (& Cerebellum Lobule 4)	mastoid cells^, then LLS 6'^ yielding >	T8^^
Trachea to LLS 6 arranging Inferior Temporal Gyrus (& Cerebellum Lobule 4)	mastoid cells^, then RLS 5'^ yielding >	rib 8^^
Trachea to RLS 6 arranging Angular Gyrus (& Cerebellum Lobule 5)	mastoid cells^, then LLS 5'^ yielding >	T9^^
Trachea to RLS 6 arranging Lat. Occipitotemporal Gyrus (& Cerebellum Lobule 5)	mastoid cells^, then RLS 4'^ yielding >	rib 9^^
Trachea to RLS 6 arranging Mid. Occipitotemporal Gyrus (& Cerebellum Lobule 5)	mastoid cells^, then LLS 4'^ yielding >	T10^^
Trachea to RLS 6 arranging Parahippocampal Gyrus (& Cerebellum Lobule 5)	mastoid cells^, then RLS 3'^ yielding >	rib 10^^
Trachea to RLS 7 arranging Postcentral Gyrus (& Cerebellum Lobule 6)	mastoid cells^, then LLS 3'^ yielding >	T11^^
Trachea to RLS 7 arranging Precentral Gyrus (& Cerebellum Lobule 6)	mastoid cells^, then RLS 2'^ yielding >	rib 11^^
Trachea to RLS 7 arranging Middle Frontal Gyrus (& Cerebellum Lobule 6)	mastoid cells^, then LLS 1+2'^ yielding >	T12^^
Trachea to RLS 7 arranging Superior Frontal Gyrus (& Cerebellum Lobule 6)	mastoid cells^, then RLS 1'^ yielding >	rib 12^^
Frontonasal duct to frontal sinus to arrange Postcentral Gyrus (& Cerebellum Lobule 6)	*>25> (b.w.o. mastoid cells^, then T3^^^ enclosing fibula^)* parietal bone's CN X's protein-making apparatus^^^adapting /	fibula^ yielding *>26*
Frontonasal duct to frontal sinus to arrange Precentral Gyrus (& Cerebellum Lobule 6)	*26> (b.w.o. mastoid cells^, then rib 2^^^ enclosing patella^)* temporal bone's Gyrus 21's tonsils^^^ adapting /	patella^ yielding *>27*
Frontonasal duct to frontal sinus to arrange Middle Frontal Gyrus (& Cerebellum Lobule 6)	*27> (b.w.o. mastoid cells^, then T2^^^ enclosing calcaneus^)* temporal bone's Gyrus 22's iliac artery^^^ adapting /	calcaneus^ yielding *>28*
Frontonasal duct to frontal sinus to arrange Superior Frontal Gyrus (& Cerebellum Lobule 6)	*28> (b.w.o. mastoid cells^, then rib 1^^^ enclosing talus^)* temporal bone's Gyrus 23's gonads^^^ adapting /	talus^ yielding *>29*
Nasolacrimal duct to superior lacrimal canaliculi, breath captured by Inferior Petrosal Sinus to arrange cerebrum, its Supramarginal Gyrus in particular	*29> (b.w.o. mastoid c.^, then T1^^^ enclosing upper 1st pre-molar^)* temporal b.'s Gyrus 24's DNA-making apparatus^^^adapting /	upper 1st pre-molar^yielding*>30*
Nasolacrimal duct to superior lacrimal canaliculi, breath captured by Inferior Petrosal Sinus to arrange cerebrum, its Superior Temporal Gyrus in particular	*30> (b.w.o. mastoid c.^, then MtDP1^^^ enclosing low.1st pre-molar^)* temporal b.'s Cranial Nerve XI's RNA-making app.^^^ adapting /	lower 1st pre-molar^yielding31>

Inhalation along 1st Column tracts below likely causes vacuum for intake to form in Inroad Channels^ of 2nd (or 3rd) Column due to breath-expanded body bringing pressure to bear on, and altering, Resulting Structures^^ of adjoining 3rd (or 2nd) Column, with exhalation likely reversing the process.		
Nasolacrimal duct to superior lacrimal canaliculi, breath captured by Inferior Petrosal Sinus to arrange cerebrum and its Middle Temporal Gyrus in particular	Mt Ss 1^, then L5^, then medial sesamoid of Mt Ss 1^ yielding >	lacrimal bone^^
Nasolacrimal duct to superior lacrimal canaliculi, breath captured by Inferior Petrosal Sinus to arrange cerebrum and its Inferior Temporal Gyrus in particular	Mt Ss 1^, then L5^ yielding >	maxilla bone^^
Trachea to LLS 7+8 arranging Long Gyrus (& Cerebellum Lobule 1)	Mt Ss 1^, then lower central incisor^ yields>	Mt 5^^
Trachea to LLS 7+8 arranging Short Gyrus (& Cerebellum Lobule 1)	Mt Ss 1^, then upper central incisor^ yields>	Mt 2^^
Trachea to LLS 7+8 arranging Dentate Gyrus (& Cerebellum Lobule 1)	Mt Ss 1^, then lower lateral incisor^ yields>	Mt PP5^^
Trachea to LLS 7+8 arranging Orbital Gyrus (& Cerebellum Lobule 1)	Mt Ss 1^, then upper lateral incisor^ yields >	Mt PP2^^
Trachea to RLS 8 arranging Straight Gyrus (& Cerebellum Lobule 2)	Mt Ss 1^, then lower canine^ yielding >	Mt MP5^^
Trachea to RLS 8 arranging Subcallosal Gyrus (& Cerebellum Lobule 2)	Mt Ss 1^, then upper canine^ yielding >	Mt MP2^^
Trachea to RLS 8 arranging Cingulate Gyrus (& Cerebellum Lobule 2)	Mt Ss 1^, then RLS 10^ yielding >	Mt DP5^^
Trachea to RLS 8 arranging Lingual Gyrus (& Cerebellum Lobule 2)	Mt Ss 1^, then LLS 10^ yielding >	Mt DP2^^
Trachea to LLS 9 arranging Inferior Frontal Gyrus (& Cerebellum Lobule 3)	Mt Ss 1^, then RLS 9^ yielding >	Mt 4^^
Trachea to LLS 9 arranging Inferior Frontal Gyrus, Orbital Part (& Cerebellum Lobule 3)	Mt Ss 1^, then LLS 9^ yielding >	navicular^^
Trachea to LLS 9 arranging Inferior Frontal Gyrus, Triangular Part (& Cerebellum Lobule 3)	Mt Ss 1^, then RLS 8^ yielding >	Mt PP4^^
Trachea to LLS 9 arranging Inferior Frontal Gyrus, Opercular Part (& Cerebellum Lobule 3)	Mt Ss 1^, then LLS 7+8^ yielding >	cuneiform intermediate^^
Trachea to RLS 9 arranging Supramarginal Gyrus (& Cerebellum Lobule 4)	Mt Ss 1^, then RLS 7^ yielding >	Mt MP4^^
Trachea to RLS 9 arranging Superior Temporal Gyrus (& Cerebellum Lobule 4)	Mt Ss 1^, then RLS 6^ yielding >	cuneiform lateral^^
Trachea to RLS 9 arranging Middle Temporal Gyrus (& Cerebellum Lobule 4)	Mt Ss 1^, then LLS 6^ yielding >	Mt DP4^^
Trachea to RLS 9 arranging Inferior Temporal Gyrus (& Cerebellum Lobule 4)	Mt Ss 1^, then RLS 5^ yielding >	cuboid^^
Trachea to LLS 10 arranging Angular Gyrus (& Cerebellum Lobule 5)	Mt Ss 1^, then LLS 5^ yielding >	Mt 3^^
Trachea to LLS 10 arranging Lateral Occipitotemporal Gyrus (& Cerebellum Lobule 5)	Mt Ss 1^, then RLS 4^ yielding >	cuneiform medial^^
Trachea to LLS 10 arranging Middle Occipitotemporal Gyrus (& Cerebellum Lobule 5)	Mt Ss 1^, then LLS 4^ yielding >	Mt PP3^^
Trachea to LLS 10 arranging Parahippocampal Gyrus (& Cerebellum Lobule 5)	Mt Ss 1^, then RLS 3^ yielding >	Mt 1^^
Trachea to RLS 10 arranging Postcentral Gyrus (& Cerebellum Lobule 6)	Mt Ss 1^, then LLS 3^ yielding >	Mt MP3^^
Trachea to RLS 10 arranging Precentral Gyrus (& Cerebellum Lobule 6)	Mt Ss 1^, then RLS 2^ yielding >	Mt PP1^^
Trachea to RLS 10 arranging Middle Frontal Gyrus (& Cerebellum Lobule 6)	Mt Ss 1^, then LLS 1+2^ yielding >	Mt DP3^^
Trachea to RLS 10 arranging Superior Frontal Gyrus (& Cerebellum Lobule 6)	Mt Ss 1^, then RLS 1^ yielding >	Mt DP1^^
Nasolacrimal duct to superior lacrimal canaliculi, breath captured by Superior Sagital Sinus to arrange cerebrum and its Angular Gyrus in particular	*>31>(b.w.o.* MtSs1^, then MtMP5^^^enclosing> temporal b.'s CN XII's protein-making app.^^ step to Mt Ss 1 alteration	upper canine^) but with
Nasolacrimal duct to superior lacrimal canaliculi, breath captured by Superior Sagital Sinus to arrange cerebrum and its Lateral Occipitotemporal Gyrus in particular	Mt Ss 1^, then Mt MP2^^^ enclosing > alteration to lateral sesamoid^^ of Mt Ss 1	lower canine^ yielding
Nasolacrimal duct to superior lacrimal canaliculi, breath captured by Superior Sagital Sinus to arrange cerebrum and its Middle Occipitotemporal Gyrus in particular	Mt Ss 1^, then Mt PP5^^^ enclosing > yielding alteration to lateral sesamoid^^ of Mt Ss 1	upper lateral incisor^
Nasolacrimal duct to superior lacrimal canaliculi, breath captured by Superior Sagital Sinus to arrange cerebrum and its Parahippocampal Gyrus in particular	Mt Ss 1^, then Mt 2^^^ enclosing > yielding alteration to lateral sesamoid^^ of Mt Ss 1	lower lateral incisor^
Nasolacrimal duct to superior lacrimal canaliculi, breath captured by Inferior Sagital Sinus to arrange cerebrum and its Postcentral Gyrus in particular	Mt Ss 1^, then Mt 5^^^ enclosing > yielding alteration to lateral sesamoid^^ of Mt Ss 1	upper central incisor^
Nasolacrimal duct to superior lacrimal canaliculi, breath captured by Inferior Sagital Sinus to arrange cerebrum and its Precentral Gyrus in particular	Mt Ss 1^, then maxilla bone^^^ enclosing > yielding alteration to lateral sesamoid^^ of Mt Ss 1	lower central incisor^

Inhalation along 1st Column tracts below likely causes vacuum for intake to form in Inroad Channels^ of 2nd (or 3rd) Column due to breath-expanded body bringing pressure to bear on, and altering, Resulting Structures^^ of adjoining 3rd (or 2nd) Column, with exhalation likely reversing the process.		
Nasolacrimal duct to superior lacrimal canaliculi, breath captured by Inferior Sagital Sinus to arrange cerebrum and its Middle Frontal Gyrus in particular	Mc Ss 1^, then Mc Ss 2^, then medial sesamoid of Mc Ss 1^ yielding >	body of mandible^^
Nasolacrimal duct to superior lacrimal canaliculi, breath captured by Inferior Sagital Sinus to arrange cerebrum and its Superior Frontal Gyrus in particular	Mc Ss 1^, then Mc Ss 2^ yielding >	ramus of mandible^^
Eustacean tube to cochlea's inner hair cells to arrange Postcentral Gyrus (& Cerebellum Lobule 6)	Mc Ss 1^, then ramus of mandible^^^ enclosing > yielding alteration to lateral sesamoid^^ of Mc Ss 1	L5^
Eustacean tube to cochlea's inner hair cells to arrange Precentral Gyrus (& Cerebellum Lobule 6)	Mc Ss 1^, then P.T.* Row 9 mass^^^ enclosing > (* P.T.= Periodic Table) yielding alteration to lateral sesamoid^^ of Mc Ss 1	Mc Ss 2^
Eustacean tube to cochlea's inner hair cells to arrange Middle Frontal Gyrus (& Cerebellum Lobule 6)	Mc Ss 1^, then P.T.* Row 8 mass^^^ enclosing > then McSs1 (medial) with role in altering lateral sesamoid^^ of Mc Ss1	Mc Ss 1^
Eustacean tube to cochlea's inner hair cells to arrange Superior Frontal Gyrus (& Cerebellum Lobule 6)	Mc Ss 1^, then P.T.* Row 7 mass^^^ enclosing > then Mt Ss1 (medial) with role in altering lateral sesamoid^^ of Mc Ss1	Mt Ss 1^

Comments - continued from second page of this table

I would propose that the table here created indicates the direction of influence of structures upon other structures, this table showing the direction of influence which accords with the ultimate directions for flow of our universe back to its source. The proto-ethmoid/sphenoid, Row 1 mass, which is caused to form by pressure of outside environment on something of a different nature, is instrumental in the formation of a proto-frontal sinus into which outside environment can feed. So long as the proto-ethmoid/sphenoid, Row 1 mass remains properly aligned, then the outside environment can feed to the proto-frontal sinus until it is overpressurized to the extent of causing to form a Row 2 mass instrumental in the formation of a proto-maxillary sinus to receive outside environment. And, so long as the structure formation which encompasses, or engenders, the new pressurizable chamber remains aligned to allow for the flow of spectral energy through to its appropriate destination, then the initially formed structure fulfills its role. When the initial structure looses alignment, then energy flow (or partial wave lengths of the flow) is/are blocked and the energy finds additional routes of entry as additional tracts of passage such as those represented by the eye's paraphernalia. Therefore, it is the alignment of the structure formed to encompass/engender a pressurizable chamber, for example, the proto-ethmoid/sphenoid Row 1 mass which forms to encompass a proto-frontal sinus, that allows for the flow of the never-ending onslaught of spectral energy, allowing it to arrive in the proto-frontal sinus that it might flow on to the next-formed pressurizable chamber if not hindered by misalignment of the structure formed to encompass/engender this next pressurizable chamber.

On July 4, 2012 it was announced in the general news media that a new boson had been discovered from activity in the Large Hadron Collider, possibly the Higgs boson. Earlier I have read that many predictions regarding a Higgs mechanism, whereby its bosons exist, have been verified thus confirming that some sort of Higgs mechanism does occur in nature. However, the exact manner by which it happens has not been discovered.

As has been my wont through the years, I sink into reverie considering and sensing the connection of my properly aligned body to the earth, the earth center, the sun and everything else. And I become aware that if I manipulate the retinal part of my eye to align its fovea centralis to the line of the hyaloid canal with the optic nerve, then there is the strong sensation of energy flowing directly through the canals, then directly on through me and into the earth by way of the toe bone of the day's scaffold of 6 bones. However, I become aware that I have only partially aligned myself, that is, have only aligned what I have determined is the front/back or move-away-and-back dimension of myself along with the portion of my structures which handle that dimension, with the sensing organs for that portion aligning themselves through my mouth and nose (taste buds, lower and upper layers of secondary olfactory system, primary olfactory system). With this alignment of my fovea centralis to the line of the hyaloid canal with the optic nerve, there is the strong sensation

continued on next page

of normal retinal usage having been significantly altered. My years of insight regarding the relationship of my previously normal functioning to one based on ever greater symmetry and balance of my parts strongly suggest to me that the movement of the fovea centralis away from the line of the hyaloid canal with the optic nerve is the result of living organism functioning based on broken symmetry and the dominance of the weak force as the underlying force of organism functioning.

With the movement of my fovea centralis toward alignment with the optic nerve, I have moved away from functioning by means of broken symmetry in my earth-centered, front/back, move-away-back dimension. Now I can move on toward alignment of my right/left, reach-away-back dimension, which must surely be sun-centered and based on manipulation and control of the eye's next layer, the choroid, which encompasses the retina. I have had the sense that proto-layers of the proto-eye began their real development during the second passage through the Periodic Table moving from bottom to top, bringing forth individualized structures. As the proto-toe bones were brought forth at the beginning of this progression and were the base of the entity from which earth would develop, then, a proto-lens/retina would seem to be the accompanying development of an entrance passageway into this entity. It would provide the means much, much later for the move-away-back capacity yielding a 3rd dimension and then, with the development of a migrating proto-fovea centralis, it would allow broken symmetry and earth as we know it.

However, meanwhile back in the initial eras, the movement away from the entrance passageway of the instigating energy, which is causing all the disturbance and development, is to be the responsibility of the developing eye layer, the proto-choroid, and the individualized Periodic Table structures coming forth from Rows 6, 5 and 4 of the Periodic Table. The sensing organs for the sun-centered, right/left, reach-away-back dimension will be the portion of the ear not including the semicircular duct labyrinth, that is, the portion containing the inner and outer hair cells of the cochlea, the saccule and the utricle.

Although sensation gives for me a less vivid impression of convergence of parts of the ear away from normal usage than is given by the alignment I can effect of my fovea centralis with the hyaloid canals and optic nerve, still it seems altogether feasible that the alignment I am effecting when I remove "sag" from my ear structures, is the alignment of the two entrances into the inner sanctum of the ear, these being the oval and round windows. I would speculate that the ability of these two windows to "misalign" became the source of the capacity for broken symmetry in the body's structures developed for handling a right/left, reach-away-back dimension.

Note – July, 2012

Although sensation of convergence of the round and oval windows of the ear may not be so easily decipherable, I can't avoid including in this bit of text the strong sensation available to me on this July, 2012 morning as I sit writing outside my backdoor with the sun directly ahead of me if I raise my chin a bit. I must surely have a long way to go to permanently rebuild my body to remove the sag of 72 years of living (plus perhaps previous eras of symmetry going awry). To remove chronic sag and maintain alignment of all my parts requires concentrated attention which I can give only intermittently throughout a day so that the act of removing sag is pretty constantly available to me – although the quantity of sag to be removed has surely diminished with my on-going days, weeks, years of constant but intermittent-through-the-day-and-night periods of aligning my parts and removing sag.

So, whether sensation is strong enough or not to tell me if my round and oval windows converge as I engage in the act of removing sag from the structures of my ear, this removal of sag provides a strong sensation of portions of me pulling toward the sun there directly before me, portions of me to be found in Rows 6, 5 and 4 of the Periodic Table of Elements/Correlated Human Body Structures, which would be, in particular, the non-thoracic vertebra and finger bone, with their muscles, for the day.

After sag removal from nose structures and then ear structures – which I propose pulls into alignment the bones and muscles responsible for balance in the body's front/back (move-away-back and entrance passageway involvement) dimension and the right/left (reach-away-back and circulating passageway involvement) dimension – still there is more possibility of sag removal and structure alignment now in the structures of the eye. Thus we come to what I propose to be the source of balance in the down/up, outward-from-the-source-back dimension. I cannot avoid speculation that this is our galaxy-centered dimension or that it hinges on the sclera of the eye and covering layer of the body and is involved, in particular, with the body's elimination passageway.

As to what structures would converge to correlate with the convergence I have proposed to take place in the ear of the round and oval windows or for the nose by the eye's fovea centralis aligning with the hyaloid canal, sensation suggests it is a convergence of alignment of all the structures of the eye with alignment of the cover layer of the body to perhaps give the most perfect alignment of the lens/hyaloid canal/optic nerve with the cornea for the most direct and complete transmission of spectral energy. The bones with their muscles responsible for balance in this down/up dimension would come from the columns of the s-orbital bones of rows 2-7 and the columns of p-orbital bones of the same rows.

Finally, I can effect strong sensation within me of one further alignment, which seems to be a final, master alignment but, to feel final, requires the three alignments of the structures responsible for my three dimensions as just presented.

That which moves within my body in this seemingly final, master alignment is the crista galli in its pointed position at the peak of the ethmoid bone, no doubt arranging this day's and this moment's cell, or group of cells, within it to align with the ultimate source. As it and the ethmoid bone pull up and forward (in me as a female whose body I have proposed has been determined by the location within it of a weighted uterus) and there is a corresponding sense of cords throughout my body being pulled upward (assumed to be connective tissue throughout), after so many years of the connections I have made, I cannot avoid the reflection that I could possibly be pointing all my being toward the very heart of our universe.

Note – July, 2012

Although my understanding of the energy of wave activity and kinds of waves is inadequate for such endeavor, I seek to pull forth a basis for the development of the dimensions of which I've been speaking, a basis dependent on different kinds, or levels, of energy being responsible for the development. And I wonder whether I could be speaking of an earth-centered dimension as being based on mechanical wave energy, a sun-centered dimension on electromagnetic wave energy, a galaxy-centered on quantum mechanical wave energy and the one master dimension (surely time), which steps down into the three just-named spatial dimensions, as being based on gravitational wave energy.

For the concentrated moments when I am able to, presumably, remove sag from my four dimensions, I wonder whether I could be flowing with gravitational energy backward through the expanse of time that has given us the expanse of our universe.

When I am tempted to ridicule myself for the sort of correlations I've been making in these comments, then I ask myself, is it not lamentable for there to have been so little similar correlating on the part of humankind of the obvious layer upon layer of structures to be found in living organisms as well as surely in everything else throughout the universe?

Footnote (July 29, 2012)

Last night I read the following on page 27 in the July 28, 2012 Science News article, Behind the Higgs (Tom Siegfried): ". . . the mass of the Higgs boson itself is about 125 billion electron volts, equivalent to the mass of 133 protons."

On the third page of the beginning text of this work, which is the text for The Bone/Muscle Chart (as Scaffolds), I wrote of my speculated correlation of the amino acid, methionine, with the human body structure, metatarsal middle phalanx 4 (Mt MP4). In the general literature, the amino acid at which protein chains – protein chains which are formed by amino acids and are so necessary to living creatures – start transcribing is usually methionine, and I had just suggested in the paragraph previous to the bit of text I'm referencing that my many years of listening to my body had indicated my body maintained a default fulcrum at Mt MP4, that is, the point of pressure toward which my body always relaxed was my dominant-side Mt MP4. Ergo, I speculated as to the possibility that most living organisms were unbalanced in ways which, when all put together, would result in a tendency for some portion, if not all, of the organisms, to ultimately place what I had come to call their default fulcrum at some correlation to the human Mt MP4.

Now I read that the mass of the Higgs boson would seem to be equivalent to the mass of 133 protons! Could it be only coincidence that the box for Element 133 of my Periodic Table of Elements/Correlated Human Body Structures contains the correlated Mt MP4? Could there be significance to this such as the possibility of weak force, broken symmetry processes for functioning associated with the body structures of Boxes 1-133 which are not available to those structures of Boxes 134-180? Or that all the structures 1-133 must act in concert to a far greater, or different kind of, extent when symmetry is broken than when it is not, and this is a concert not extended to the structures of Boxes 134-180? Such a lot of possibilities!

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

TEXT for REFERENCE TABLE of DAY 1, DAY 2, DAY 3 BOB CENTERS and THEIR ASSOCIATED SHAPING STRUCTURES

In order to have ideal circumstances for the continuance of a human life form, that which is given in this table as the Day 1, Day 2 or Day 3 Bob Centers of the human must have the means of alteration of themselves in order that the source of the energy for the continuance of the human entity is to be found, I would propose, in the entity according itself to the gravitational flow of our universe. If properly aligned, a human has the capacity to intake the environment outside itself to continually alter its parts in order to use gravity for its functioning. Portions of that which the body intakes serve the purpose of providing the building materials for constant structure alteration as well as the pressurization tools needed to build with that which is intaken.

However, for gravity to provide the energy for functioning, the Bob Centers of given days must maintain proper alignment. Their misalignment likely results in other sorts of energy providing less balanced functioning, along with possibly the constant presence of unused pressure of gravitational energy, both of these causing "wear and tear" on the entity in the form of structures which alter away from their ability to act in concert to align the body to use gravity for its functioning.

The optimal opportunity for gravitational energy functioning is to be found in an aligned body in which intake of outside environment (inhalation, swallowing, etc.) is an extension activity of the body, and processing/dispensation of the outside environment (exhalation, etc.) is a flexion activity permitting of no collapse of the intaking structures during the processing/dispensation/exhalation phase and vice versa.

Insofar as a body is properly aligned, the process for proper structure alteration would seem to proceed as follows: 1) Breath is taken into the body along the appropriate breath tract, and this addition of outside substance into the aligned inhaling, extending body causes compression to a particular structure of the body at a particular time such that in another associated structure a vacuum is created, thus allowing there to be particular in-flow into the latter structure. 2) During exhalation, the process is reversed for the two structures, the exhaling body now closing down on, to compress, the previously vacuumized intaking structure and the previously compressed structure now altered to prepare it for its particularly needed influx during this exhalation cycle. The one in each ½ of the inhalation/exhalation cycle which has been compressed will be the one whose needs are addressed using the compression on it to incorporate into itself the particular intake it had received during the previous ½ of the cycle and/or exude received altered intake from itself.

In all instances it will be that which has been referred to in parts of this work as the Shaping Structures^ in which a vacuum will form during inhalation so that there will be particular in-flow, and then, during exhalation, this in-flow will be incorporated into the Shaping Structure^ and/or exuded from it as altered in-flow. Meanwhile, there is a similar occurrence for the Shaped Structure^^ but done oppositely during exhalation/inhalation so that during each breath cycle the needs of the two associated structures, the Shaping and the Shaped, can be addressed.

I speculate that in misaligned bodies, that which is taken in is fed through a circulatory system, and Bob Centers, if maintained at all, are done so by means of the circulatory system so long as they can be. I have sensed that properly aligned bodies have built into them the very necessary capacity to emit spectral energy wavelength through various effluent channels if they are to be able to function by means of gravity. Through the alternative process of maintaining life within a given body for a little while by means of a circulatory system, instead of a major component of "effluent" being emitted as spectral wavelength energy, the chain of misalignments results in a system which is heavily weighted toward creating material effluent which in latter-day vertebrate-type creatures is in the form of altered intaken breath residue plus urine, sweat, sustenance for offspring, excrement, eggs/sperm and effluent from the egg/sperm related support system.* Four+ billion years of spectral energy conversion into material effluent and residue will perhaps create an earth.

**Note 9/12/1012: I have only recently concluded that the logical effluent for a 24-hour day's 5th period eye exit route of what I speculate to be blocked spectral energy emission is egg-system-related-activity or sperm. The complicated layering of the eye would seem to yield ample opportunity for blockage of a great range of spectral energy receipt / transmission leading to the need for a complicated means of storage and/or conversion of blocked energy which perhaps egg-system-related-activity or sperm might provide. There could possibly be 5th period RNA reading of the 4th period DNA alterations to perhaps determine the 5th period egg/sperm-system related activity. Then, in order for this activity to carry through to completion to deal with blocked spectral energy, in the 6th period of 24 hours there are formed the proteins needed to allow for the possibility of egg/sperm fruition.*

**Note today 12/9/2015: A woman's incipient eggs are all formed before she is born and they are formed from the body of the gestating mother. I speculate that by the time of the start of menstrual cycles of the new entity - the girl of 12 years or so - the configuration of the girl's body has developed the misalignments needed for the blockage of spectral energy emission such that a 12-year-old pregnancy would allow for egg-formation in the unborn.*

TEXT for REFERENCE TABLE below - continued from previous page

In the Table below, for the Day 1 Bob Centers, the RNA-making and protein-making apparatus would seem to depend on, or be involved with, the gyrus with which the one or the other is associated, with the further association of the protein-making apparatus with the relevant cranial nerve + spinal nerve et al.

As regards the Day 2 Bob Centers, for the Bob Center bones which have as Shaping Structures a "series of soft tissue structures," the effect of breath intake as discussed in the preceeding paragraphs would seem to be to place pressure on the Bob Center of the day, this being from the sequence of s-orbital bones of Rows 2-9 of the Periodic Table of Elements/Correlated Human Body Structures, and this would have the effect of creating a vacuum in the Bob Center's Shaping Structures^, which would be the series of six substance-producing soft tissue structures as progressed through in the six time periods of 24 hours.

For the Day 3 Bob Centers which have DNA-making apparatus as the Shaping Structure^, the DNA-making apparatus would seem to be the relevant lobule within the cerebellum.

It will be seen that Shaping Structures^, corresponding to Inroad/Instigating Channels^ of Part 2 and being the structures in which a vacuum is created during inhalation as discussed above, are always indicated with **"^".** Shaped Structures^^, corresponding to Resulting Structures^^ of Part 2 and being the structures that are compressed during inhalation as discussed above, are always indicated with **"^^"** or sometimes **"^^^"** if serving as enclosing originator of an Inroad Channel^.

DAY 1, DAY 2 and DAY 3 BOB CENTERS for the EXTENDING BODY for a Given 3-Day Cycle, based on the 3-Day Bone, i.e. the DAY 3 BOB CENTER (**TABLE SHOWN BELOW)** AND STRUCTURES INVOLVED IN THE SHAPING OF THEIR STAGES OF EXISTENCE, THIS PAGE DEPENDENT ON DAY 3 BOB CENTERS OF ROWS 2 & 3 OF PERIODIC TABLE, **xiphoid process - ulna**

DAY 1 BOB CENTER INVOLVED SHAPING OR SHAPED STRUCTURES	**DAY 2 BOB CENTER** SHAPING STRUCTURES	**DAY 3 BOB CENTER** SHAPED STRUCTURES
ethmoid bone^^ (as brought forth in forming cerebrum) yielded by outside environment^, then S3**^**, and associated with Long Gyrus**^** & Cerebellum Lobule 1 & their associated structures	**vomer^^ (with Cranial Nerve I brought forth)** yielded by frontal sinus^, then ethmoid bone's soft tissue structure (cerebrum)**^^^**	**xiphoid process^** yielding vomer bone's bone marrow**^^**
sphenoid bone^^ (as brought forth in forming cerebellum) yielded by outside environment^, then C5**^**, and associated with Short Gyrus**^** & Cerebellum Lobule 1 & their associated structures	**vomer^^ (with Cranial Nerve I brought forth)** yielded by frontal sinus^, then ethmoid bone's soft tissue structure (cerebrum)**^^^**	**sternum^** yielding vomer bone's carotid artery**^^**
maxilla alveolar process^ - yielded by frontal sinus^, then yielding vomer bone's RNA-making apparatus, as associated with Dentate Gyrus**^^** & Cerebellum Lobule 1 & associated structures	**palatine^^ (as brought forth in conjunction with Cranial Nerve II)** yielded by frontal sinus^, then S2**^**	**manubrium^** yielding vomer bone's pineal gland**^^**
mandible alveolar process^ - yielded by frontal sinus^, then yielding vomer bone's protein-making apparatus, as associated with Orbital Gyrus**^^** & Cerebellum Lobule 1 & associated structures	**palatine^^ (as brought forth in conjunction with Cranial Nerve II)** yielded by frontal sinus^, then S2**^**	**clavicle^** yielding vomer bone's DNA-making apparatus**^^**
upper wisdom tooth^ - (*b.w.o.* maxillary s.^, then yielding 2nd cerebrum), then inferior nasal concha's RNA-making apparatus as associated with Straight Gyrus**^^** & Cerebellum Lobule 2 & associated structures	**inferior nasal concha^^ (& C.N. III brought forth)** yielded by maxillary sinus^, then vomer bone's series of soft tissue structures**^^^**	**scapula^** - (6th cerebrum^^ yielded), then yielding inferior nasal concha's thoracic duct**^^**
lower wisdom tooth^ - (*b.w.o.* maxillary s.^, then yielding 1st cerebrum), then inferior nasal concha's protein-making apparatus as associated with Subcallosal Gyrus**^^** & Cerebellum Lobule 2 & their structures	**inferior nasal concha^^ (& C.N. III brought forth)** yielded by maxillary sinus^, then vomer bone's series of soft tissue structures**^^^**	**humerus^** - (5th cerebrum^^ yielded), then yielding inferior nasal concha's parathyroids**^^**
upper 2nd molar^ - yielded by sphenoid sinus^, then yielding superior nasal concha's RNA-making apparatus as associated with Cingulate Gyrus**^^** & Cerebellum Lobule 2 & associated structures	**middle nasal concha^^ (as brought forth in conjunction with Cranial Nerve IV)** yielded by maxillary sinus^, then C6**^**	**radius^** - (4th cerebrum^^ yielded), then yielding inferior nasal concha's thyroid gland**^^**
lower 2nd molar^ - yielded by sphenoid sinus^, then yielding superior nasal concha's protein-making apparatus associated with Lingual Gyrus**^^** & Cerebellum Lobule 2 & associated structures	**middle nasal concha^^ (as brought forth in conjunction with Cranial Nerve IV)** yielded by maxillary sinus^, then C6**^**	**ulna^ -** (3rd cerebrum^^ yielded), then yielding inferior nasal concha's DNA-making apparatus**^^**

DAY 1, DAY 2 and DAY 3 BOB CENTERS for the EXTENDING BODY for a Given 3-Day Cycle, based on the 3-Day Bone, i.e. the DAY 3 BOB CENTER (TABLE SHOWN BELOW) AND STRUCTURES INVOLVED IN THE SHAPING OF THEIR STAGES OF EXISTENCE, THIS PAGE DEPENDENT ON DAY 3 BOB CENTERS OF ROW 4 OF PERIODIC TABLE, **C1 - lunate**		
DAY 1 BOB CENTER INVOLVED SHAPING OR SHAPED STRUCTURES	**DAY 2 BOB CENTER** SHAPING STRUCTURES	**DAY 3 BOB CENTER** SHAPED OR SHAPERS
ethmoid bone^^ (as brought forth in forming cerebrum) yielded by outside environment^, then S3**^**, and associated with Long Gyrus**^** & Cerebellum Lobule 1 & their associated structures	**superior nasal concha^^ (C.N. V brought forth)** yielded by sphenoid sinus^, then inferior nasal concha's series of soft tissue structures**^^^**	**C1^^** yielded by lower 2nd molar**^**
sphenoid bone^^ (as brought forth in forming cerebellum) yielded by outside environment^, then C5**^**, and associated with Short Gyrus**^** & Cerebellum Lobule 1 & their associated structures	**superior nasal concha^^ (C.N. V brought forth)** yielded by sphenoid sinus^, then inferior nasal concha's series of soft tissue structures**^^^**	**C2^^** yielded by upper 2nd molar**^**
maxilla alveolar process^ - yielded by frontal sinus^, then yielding vomer bone's RNA-making apparatus, as associated with Dentate Gyrus**^^** & Cerebellum Lobule 1 & associated structures	**highest nasal concha^^ (as brought forth in forming C.N. VI)** yielded by sphenoid sinus^, then L1**^**	**C3^^** yielded by lunate**^**
mandible alveolar process^ - yielded by frontal sinus^, then yielding vomer bone's protein-making apparatus, as associated with Orbital Gyrus**^^** & Cerebellum Lobule 1 & associated structures	**highest nasal concha^^ (as brought forth in forming C.N. VI)** yielded by sphenoid sinus^, then L1**^**	**C4^^** yielded by hook of hamate**^**
upper wisdom tooth^ - yielded by maxillary sinus^, then yielding inferior nasal concha's RNA-making apparatus as associated with Straight Gyrus**^^** & Cerebellum Lobule 2 & associated structures	**superior nasal concha^^ (C.N. V brought forth)** yielded by sphenoid sinus^, then inferior nasal concha's series of soft tissue structures**^^^**	**S5^^** yielded by pisiform**^**
lower wisdom tooth^ - yielded by maxillary sinus^, then yielding inferior nasal concha's protein-making apparatus as associated with Subcallosal Gyrus**^^** & Cerebellum Lobule 2 & their structures	**superior nasal concha^^ (C.N. V brought forth)** yielded by sphenoid sinus^, then inferior nasal concha's series of soft tissue structures**^^^**	**S4^^** yielded by triquetrum**^**
upper 2nd molar^ - yielded by sphenoid sinus^, then yielding superior nasal concha's RNA-making apparatus as associated with Cingulate Gyrus**^^** & Cerebellum Lobule 2 & associated structures	**highest nasal concha^^ (as brought forth in forming C.N. VI)** yielded by sphenoid sinus^, then L1**^**	**S3^** - yielded by sphenoid sinus**^** & yielding cerebrum**^^**
lower 2nd molar^ - yielded by sphenoid sinus^, then yielding superior nasal concha's protein-making apparatus associated with Lingual Gyrus**^^** & Cerebellum Lobule 2 & associated structures	**highest nasal concha^^ (as brought forth in forming C.N. VI)** yielded by sphenoid sinus^, then L1**^**	**C5^** - yielded by sphenoid sinus**^** & yielding cerebellum**^^**
upper 1st molar^ - yielded by ethmoid cells^, then yielding nasal bone's RNA-making apparatus as associated with Inferior Frontal Gyrus**^^** & Cerebellum Lobule 3 & their associated structures	**superior nasal concha^^ (C.N. V brought forth)** yielded by sphenoid sinus^, then inferior nasal concha's series of soft tissue structures**^^^**	**S2^** - yielded by sphenoid sinus**^** & yielding C. N. I - II**^^**
lower 1st molar^ - yielded by ethmoid cells^, then yielding nasal bone's protein-making apparatus as associated with Inferior Frontal Gyrus, Orbital Part**^^** & Cerebellum Lobule 3 & their associated structures	**superior nasal concha^^ (C.N. V brought forth)** yielded by sphenoid sinus^, then inferior nasal concha's series of soft tissue structures**^^^**	**C6^** - yielded by sphenoid sinus**^** & yielding C. N. III - IV**^^**
upper 1st molar^ - yielded by ethmoid cells^, then yielding nasal bone's RNA-making apparatus as associated with Inferior Frontal Gyrus**^^** & Cerebellum Lobule 3 & their associated structures	**superior nasal concha^^ (C.N. V brought forth)** yielded by sphenoid sinus^, then inferior nasal concha's series of soft tissue structures**^^^**	**triquetrum^** - yielding also superior nasal concha's Peyer's patches**^^**
lower 1st molar^ - yielded by ethmoid cells^, then yielding nasal bone's protein-making apparatus as associated with Inferior Frontal Gyrus, Orbital Part**^^** & Cerebellum Lobule 3 & their associated structures	**superior nasal concha^^ (C.N. V brought forth)** yielded by sphenoid sinus^, then inferior nasal concha's series of soft tissue structures**^^^**	**pisiform^** - yielding also superior nasal concha's aorta**^^**
upper 2nd pre-molar^ - yielded by tympanic cells^, then yielding parietal bone's RNA-making apparatus as associated with Inferior Frontal Gyrus, Triangular Part**^^** & Cerebellum Lobule 3 & their associated structures	**highest nasal concha^^ (as brought forth in forming C.N. VI)** yielded by sphenoid sinus^, then L1**^**	**hook of hamate^** - yielding also superior nasal concha's pyloric gland**^^**
lower 2nd pre-molar^ - yielded by tympanic cells^, then yielding parietal bone's protein-making apparatus as associated with Inferior Frontal Gyrus, Opercular Part**^^** & Cerebellum Lobule 3 & their associated structures	**highest nasal concha^^ (as brought forth in forming C.N. VI)** yielded by sphenoid sinus^, then L1**^**	**lunate^** - yielding also superior nasal concha's DNA-making apparatus**^^**

DAY 1, DAY 2 and DAY 3 BOB CENTERS for the EXTENDING BODY for a Given 3-Day Cycle, based on the 3-Day Bone, i.e. the DAY 3 BOB CENTER (TABLE SHOWN BELOW) AND STRUCTURES INVOLVED IN THE SHAPING OF THEIR STAGES OF EXISTENCE, THIS PAGE DEPENDENT ON DAY 3 BOB CENTERS OF ROW 5 OF PERIODIC TABLE, **S1 - pelvic hip**		
DAY 1 BOB CENTER INVOLVED SHAPING OR SHAPED STRUCTURES	**DAY 2 BOB CENTER** SHAPING STRUCTURES	**DAY 3 BOB CENTER** SHAPED OR SHAPERS
upper 2nd pre-molar^ - yielded by tympanic cells^, then yielding parietal bone's RNA-making apparatus as associated with Inferior Frontal Gyrus, Triangular Part**^^** & Cerebellum Lobule 3 & their associated structures	**highest nasal concha^^ (nasal b. serves too?) (as brought forth in forming C.N. VI)** yielded by sphenoid sinus^, then L1**^**	**S1^^** yielded by lower 1st molar**^**
lower 2nd pre-molar^ - yielded by tympanic cells^, then yielding parietal bone's protein-making apparatus as associated with Inferior Frontal Gyrus, Opercular Part**^^** & Cerebellum Lobule 3 & their associated structures	**highest nasal concha^^ (nasal b. serves too?) (as brought forth in forming C.N. VI)** yielded by sphenoid sinus^, then L1**^**	**C7^^** yielded by upper 1st molar**^**
upper 1st pre-molar^ - yielded by mastoid cells^, then yielding temporal bone's RNA-making apparatus as associated with Supramarginal Gyrus**^^** & Cerebellum Lobule 4 & their associated structures	**nasal bone^^ (with C.N. VII brought forth)** yielded by ethmoid cells^, then superior nasal concha's series of soft tissue structures**^^^**	**Cx 1^^** yielded by pelvic hip**^**
lower 1st pre-molar^ - yielded by mastoid cells^, then yielding temporal bone's protein-making apparatus as associated with Superior Temporal Gyrus**^^** & Cerebellum Lobule 4 & their associated structures	**nasal bone^^ (with C.N. VII brought forth)** yielded by ethmoid cells^, then superior nasal concha's series of soft tissue structures**^^^**	**Cx 2^^** yielded by upper hip**^**
lacrimal bone^^ - yielded by Mt Ss 1^, then its medial sesamoid**^** as associated with Middle Temporal Gyrus**^** & Cerebellum Lobule 4 & their associated structures	**frontal bone^^ (as brought forth in forming C.N. VIII)** yielded by ethmoid cells^, then L2**^**	**Cx 3^^** yielded by incus**^**
maxilla bone^^ - yielded by Mt Ss 1^, then L5**^** as associated with Inferior Temporal Gyrus**^** & Cerebellum Lobule 4 & their associated structures	**frontal bone^^ (as brought forth in forming C.N. VIII)** yielded by ethmoid cells^, then L2**^**	**Cx 4^^** yielded by malleus**^**
upper canine^ - yielded by Mt Ss 1^, then yielding its lateral sesamoid**^^** as associated with Angular Gyrus**^^** & Cerebellum Lobule 5 & their associated structures	**nasal bone^^ (with C.N. VII brought forth)** yielded by ethmoid cells^, then superior nasal concha's series of soft tissue structures**^^^**	**L1^** - yielded by ethmoid cells**^** & yielding C.N. V - VI**^^**
lower canine^ - yielded by Mt Ss 1^, then yielding its lateral sesamoid**^^** as associated with Lateral Occipitotemporal Gyrus**^^** & Cerebellum Lobule 5 & their associated structures	**nasal bone^^ (with C.N. VII brought forth)** yielded by ethmoid cells^, then superior nasal concha's series of soft tissue structures**^^^**	**L2^** - yielded by ethmoid cells**^** & yielding C.N. VII - VIII**^^**
upper lateral incisor^ - yielded by Mt Ss 1^, then yielding its lateral sesamoid**^^** as associated with Middle Occipitotemporal Gyrus**^^** & Cerebellum Lobule 5 & their associated structures	**frontal bone^^ (as brought forth in forming C.N. VIII)** yielded by ethmoid cells^, then L2**^**	**L3^** - yielded by ethmoid cells**^** & yielding C.N. IX - X**^^**
lower lateral incisor^ - yielded by Mt Ss 1^, then yielding its lateral sesamoid**^^** as associated with Parahippocampal Gyrus**^^** & Cerebellum Lobule 5 & their associated structures	**frontal bone^^ (as brought forth in forming C.N. VIII)** yielded by ethmoid cells^, then L2**^**	**L4^** - yielded by ethmoid cells**^** & yielding C.N. XI - XII**^^**
upper 1st pre-molar^ - yielded by mastoid cells, then yielding temporal bone's RNA-making apparatus as associated with Supramarginal Gyrus**^^** & Cerebellum Lobule 4 & their associated structures	**nasal bone^^ (with C.N. VII brought forth)** yielded by ethmoid cells^, then superior nasal concha's series of soft tissue structures**^^^**	**malleus^** - yielding also nasal bone's spleen**^^**
lower 1st pre-molar^ - yielded by mastoid cells^, then yielding temporal bone's protein-making apparatus as associated with Superior Temporal Gyrus**^^** & Cerebellum Lobule 4 & their associated structures	**nasal bone^^ (with C.N. VII brought forth)** yielded by ethmoid cells^, then superior nasal concha's series of soft tissue structures**^^^**	**incus^** - yielding also nasal bone's subclavian artery**^^**
lacrimal bone^^ - yielded by Mt Ss 1^, then its medial sesamoid**^** as associated with Middle Temporal Gyrus**^** & Cerebellum Lobule 4 & their associated structures	**frontal bone^^ (as brought forth in forming C.N. VIII)** yielded by ethmoid cells^, then L2**^**	**upper hip^** - yielding also nasal bone's pancreas**^^**
maxilla bone^^ - yielded by Mt Ss 1^, then L5**^** as associated with Inferior Temporal Gyrus**^** & Cerebellum Lobule 4 & their associated structures	**frontal bone^^ (as brought forth in forming C.N. VIII)** yielded by ethmoid cells^, then L2**^**	**pelvic hip^** - yielding also nasal bone's DNA-making apparatus**^^**

DAY 1, DAY 2 and DAY 3 BOB CENTERS for the EXTENDING BODY for a Given 3-Day Cycle, based on the 3-Day Bone, i.e. the DAY 3 BOB CENTER (TABLE SHOWN BELOW) AND STRUCTURES INVOLVED IN THE SHAPING OF THEIR STAGES OF EXISTENCE, THIS PAGE DEPENDENT ON DAY 3 BOB CENTERS OF ROW 6 OF PERIODIC TABLE, **Mc 5 - Trapezoid**

DAY 1 BOB CENTER INVOLVED SHAPING OR SHAPED STRUCTURES	**DAY 2 BOB CENTER** SHAPING STRUCTURES	**DAY 3 BOB CENTER** SHAPERS
ethmoid bone^^ (as brought forth in forming cerebrum) - yielded by outside environment^, then S3**^** as associated with Long Gyrus**^** & C.L. 1	**parietal bone^^(C.N. IX brought forth)** - yielded by tympanic c.^, then nasal b.'s series of soft tissue structures**^^^**	**Mc 5^^** - yielded by lower 2nd pre-molar**^**
sphenoid bone^^ (as brought forth in forming cerebellum) - yielded by outside environment^, then C5**^** as associated with Short Gyrus**^** & C.L. 1	**parietal bone^^(C.N. IX brought forth)** - yielded by tympanic c.^, then nasal b.'s series of soft tissue structures**^^^**	**Mc 2^^** - yielded by upper 2nd pre-molar**^**
maxilla alveolar process^ - yielded by frontal sinus^, then yielding vomer bone's RNA-making apparatus, as associated with Dentate Gyrus**^^** & Cerebellum Lobule 1 & associated structures	**occipital bone^^ (as brought forth in forming Cranial Nerve X)** yielded by tympanic cells^, then L3**^**	**Mc PP5^^** yielded by tibia**^**
mandible alveolar process^ - yielded by frontal sinus^, then yielding vomer bone's protein-making apparatus, as associated with Orbital Gyrus**^^** & Cerebellum Lobule 1 & associated structures	**occipital bone^^ (as brought forth in forming Cranial Nerve X)** yielded by tympanic cells^, then L3**^**	**Mc PP2^^** yielded by femur**^**
upper wisdom tooth^ - yielded by maxillary sinus^, then yielding inferior nasal concha's RNA-making apparatus as associated with Straight Gyrus**^^** & Cerebellum Lobule 2 & associated structures	**parietal bone^^ (with Cranial Nerve IX brought forth)** yielded by tympanic cells^, then nasal bone's series of soft tissue structures**^^^**	**Mc MP5^^** yielded by hyoid**^**
lower wisdom tooth^ - yielded by maxillary sinus^, then yielding inferior nasal concha's protein-making apparatus as associated with Subcallosal Gyrus**^^** & Cerebellum Lobule 2 & their structures	**parietal bone^^ (with Cranial Nerve IX brought forth)** yielded by tympanic cells^, then nasal bone's series of soft tissue structures**^^^**	**Mc MP2^^** yielded by stapes**^**
upper 2nd molar^ - yielded by sphenoid sinus^, then yielding superior nasal concha's RNA-making apparatus as associated with Cingulate Gyrus**^^** & Cerebellum Lobule 2 & associated structures	**occipital bone^^ (as brought forth in forming Cranial Nerve X)** yielded by tympanic cells^, then L3**^**	**Mc DP5^^** yielded by RLS 10"**^**
lower 2nd molar^ - yielded by sphenoid sinus^, then yielding superior nasal concha's protein-making apparatus associated with Lingual Gyrus**^^** & Cerebellum Lobule 2 & associated structures	**occipital bone^^ (as brought forth in forming Cranial Nerve X)** yielded by tympanic cells^, then L3**^**	**Mc DP2^^** yielded by LLS 10"**^**
upper 1st molar^ - yielded by ethmoid cells^, then yielding nasal bone's RNA-making apparatus as associated with Inferior Frontal Gyrus**^^** & Cerebellum Lobule 3 & their associated structures	**parietal bone^^ (with Cranial Nerve IX brought forth)** yielded by tympanic cells^, then nasal bone's series of soft tissue structures**^^^**	**Mc 4^^** yielded by RLS 9"**^**
lower 1st molar^ - yielded by ethmoid cells^, then yielding nasal bone's protein-making apparatus as associated with Inferior Frontal Gyrus, Orbital Part**^^** & Cerebellum Lobule 3 & their associated structures	**parietal bone^^ (with Cranial Nerve IX brought forth)** yielded by tympanic cells^, then nasal bone's series of soft tissue structures**^^^**	**scaphoid^^** yielded by LLS 9"**^**
upper 2nd pre-molar^ - yielded by tympanic cells^, then yielding parietal bone's RNA-making apparatus as associated with Inferior Frontal Gyrus, Triangular Part**^^** & Cerebellum Lobule 3 & their associated structures	**occipital bone^^ (as brought forth in forming Cranial Nerve X)** yielded by tympanic cells^, then L3**^**	**Mc PP4^^** yielded by RLS 8"**^**
lower 2nd pre-molar^ - yielded by tympanic cells^, then yielding parietal bone's protein-making apparatus as associated with Inferior Frontal Gyrus, Opercular Part**^^** & Cerebellum Lobule 3 & their associated structures	**occipital bone^^ (as brought forth in forming Cranial Nerve X)** yielded by tympanic cells^, then L3**^**	**trapezoid^^** yielded by LLS 7+8"**^**

DAY 1, DAY 2 and DAY 3 BOB CENTERS for the EXTENDING BODY for a Given 3-Day Cycle, based on the 3-Day Bone, i.e. the DAY 3 BOB CENTER (TABLE SHOWN BELOW) AND STRUCTURES INVOLVED IN THE SHAPING OF THEIR STAGES OF EXISTENCE, THIS PAGE DEPENDENT ON DAY 3 BOB CENTERS OF ROW 6 OF PERIODIC TABLE, **Mc MP4 - tibia**		
DAY 1 BOB CENTER INVOLVED SHAPING OR SHAPED STRUCTURES	**DAY 2 BOB CENTER** SHAPING STRUCTURES	**DAY 3 BOB CENTER** SHAPED OR SHAPERS
upper 1st pre-molar^ - yielded by mastoid cells^, then yielding temporal bone's RNA-making apparatus as associated with Supramarginal Gyrus^^ & Cerebellum Lobule 4 & their associated structures	**parietal bone^^ (with Cranial Nerve IX brought forth)** yielded by tympanic cells^, then nasal bone's series of soft tissue structures**^^^**	**Mc MP4^^** yielded by RLS 7"**^**
lower 1st pre-molar^ - yielded by mastoid cells^, then yielding temporal bone's protein-making apparatus as associated with Superior Temporal Gyrus^^ & Cerebellum Lobule 4 & their associated structures	**parietal bone^^ (with Cranial Nerve IX brought forth)** yielded by tympanic cells^, then nasal bone's series of soft tissue structures**^^^**	**capitate^^** yielded by RLS 6"**^**
lacrimal bone^^ - yielded by. Mt Ss 1^, then its medial sesamoid**^** as associated with Middle Temporal Gyrus**^** & C.L. 4 & their associated structures	**occipital bone^^ (as brought forth in forming C.N. X)** yielded by tympanic cells^, then L3**^**	**Mc DP4^^** yielded by LLS 6"**^**
maxilla bone^^ - yielded by Mt Ss 1^, then L5**^** as associated with Inferior Temporal Gyrus**^** & Cerebellum Lobule 4 & their associated structures	**occipital bone^^ (as brought forth in forming C.N. X)** yielded by tympanic cells^, then L3**^**	**hamate^^** yielded by RLS 5"**^**
upper canine^ - (*b.w.o.* Mt Ss 1^), yielding its lateral sesamoid**^^** as associated with Angular Gyrus**^^** & C.L. 5 & their associated structures	**parietal bone^^(C.N. IX brought forth)** - yielded by tympanic c.^, then nasal b.'s series of soft tissue structures**^^^**	**Mc 3^^** yielded by LLS 5"**^**
lower canine^ - (*b.w.o.* Mt Ss1^), yielding its lateral sesamoid**^^** as associated with Lateral Occipitotemporal Gyrus**^^** & C.L. 5 & their structures	**parietal bone^^(C.N. IX brought forth)** - yielded by tympanic c.^, then nasal b.'s series of soft tissue structures**^^^**	**trapezium^^** yielded by RLS 4"**^**
upper lateral incisor^ - (*b.w.o.* Mt Ss 1^), yielding its lateral sesamoid**^^** as associated with Middle Occipitotemporal Gyrus**^^** & C.L. 5 & their structures	**occipital bone^^ (as brought forth in forming C.N. X)** yielded by tympanic cells^, then L3**^**	**Mc PP3^^** yielded by LLS 4"**^**
lower lateral incisor^ - (*b.w.o.* Mt Ss 1^), yielding its lateral sesamoid**^^** as associated with Parahippocampal Gyrus**^^** & C.L. 5 & their structures	**occipital bone^^ (as brought forth in forming C.N. X)** yielded by tympanic cells^, then L3**^**	**Mc 1^^** yielded by RLS 3"**^**
upper central incisor^ - (*b.w.o.* Mt Ss1^), yielding its lateral sesamoid**^^** as associated with Postcentral Gyrus**^^** & C.L. 6 & their structures	**parietal bone^^(C.N. IX brought forth)** - yielded by tympanic c.^, then nasal b.'s series of soft tissue structures**^^^**	**Mc MP3^^** yielded by LLS 3"**^**
lower central incisor^ - (*b.w.o.* Mt Ss1^), yielding its lateral sesamoid**^^** as associated with Precentral Gyrus**^^** & C.L. 6 & their structures	**parietal bone^^(C.N. IX brought forth)** - yielded by tympanic c.^, then nasal b.'s series of soft tissue structures**^^^**	**Mc PP1^^** yielded by RLS 2"**^**
body of mandible^^ - yielded by Mc Ss 1^, then its medial sesamoid**^** as associated with Middle Frontal Gyrus**^** & C.L. 6 & their structures	**occipital bone^^ (as brought forth in forming C.N. X)** yielded by tympanic cells^, then L3**^**	**Mc DP3^^** yielded by LLS 1+2"**^**
ramus of mandible^^ - yielded by Mc Ss 1^, then Mc Ss 2**^** as associated with Superior Frontal Gyrus**^** & C.L. 6 & their associated structures	**occipital bone^^ (as brought forth in forming C.N. X)** yielded by tympanic cells^, then L3**^**	**Mc DP1^^** yielded by RLS 1"**^**
upper canine^ - (*b.w.o.* Mt Ss 1^), yielding its lateral sesamoid**^^** as associated with Angular Gyrus**^^** & C.L. 5 & their associated structures	**parietal bone^^(C.N. IX brought forth)** - yielded by tympanic c.^, then nasal b.'s series of soft tissue structures**^^^**	**stapes^** - yielding also parietal bone's thymus**^^**
lower canine^ - (*b.w.o.* Mt Ss1^), yielding its lateral sesamoid**^^** as associated with Lateral Occipitotemporal Gyrus**^^** & C.L. 5 & their structures	**parietal bone^^(C.N. IX brought forth)** - yielded by tympanic c.^, then nasal b.'s series of soft tissue structures**^^^**	**hyoid^** - yielding also parietal b.'s celiac trunk**^^**
upper lateral incisor^ - (*b.w.o.* Mt Ss 1^), yielding its lateral sesamoid**^^** as associated with Middle Occipitotemporal Gyrus**^^** & C.L. 5 & their structures	**occipital bone^^ (as brought forth in forming C.N. X)** yielded by tympanic cells^, then L3**^**	**femur^**- yielding also parietal b.'s suprarenal gl.**^^**
lower lateral incisor^ - (*b.w.o.* Mt Ss 1^), yielding its lateral sesamoid**^^** as associated with Parahippocampal Gyrus**^^** & C.L. 5 & their structures	**occipital bone^^ (as brought forth in forming C.N. X)** yielded by tympanic cells^, then L3**^**	**tibia^**-yielding too parietal b.'s DNA-making app.**^^**

DAY 1, DAY 2 and DAY 3 BOB CENTERS for the EXTENDING BODY for a Given 3-Day Cycle, based on the 3-Day Bone, i.e. the DAY 3 BOB CENTER (TABLE SHOWN BELOW) AND STRUCTURES INVOLVED IN THE SHAPING OF THEIR STAGES OF EXISTENCE, THIS PAGE DEPENDENT ON DAY 3 BOB CENTERS OF ROW 7 OF PERIODIC TABLE, **T1 - rib 6**		
DAY 1 BOB CENTER INVOLVED SHAPING OR SHAPED STRUCTURES	**DAY 2 BOB CENTER** SHAPING STRUCTURES	**DAY 3 BOB CENTER** SHAPERS
ethmoid bone^^ (as brought forth in forming cerebrum) - yielded by outside environment^, then S3**^** as associated with Long Gyrus**^** & C.L. 1	**temporal bone^^ (C.N. XI forth)** - yielded by mastoid cells^, then parietal b.'s series of soft tissue structures**^^^**	**T1^^** - yielded by lower 1st pre-molar**^**
sphenoid bone^^ (as brought forth in forming cerebellum) - yielded by outside environment^, then C5**^** as associated with Short Gyrus**^** & C.L. 1	**temporal bone^^ (C.N. XI forth)** - yielded by mastoid cells^, then parietal b.'s series of soft tissue structures**^^^**	**rib 1^^** - yielded by upper 1st pre-molar**^**
maxilla alveolar process^ - yielded by frontal sinus^, then yielding vomer bone's RNA-making apparatus, as associated with Dentate Gyrus**^^** & Cerebellum Lobule 1 & associated structures	**zygomatic bone^^ (as brought forth in forming Cranial Nerve XII)** yielded by mastoid cells^, then L4**^**	**T2^^** yielded by talus**^**
mandible alveolar process^ - yielded by frontal sinus^, then yielding vomer bone's protein-making apparatus, as associated with Orbital Gyrus**^^** & Cerebellum Lobule 1 & associated structures	**zygomatic bone^^ (as brought forth in forming Cranial Nerve XII)** yielded by mastoid cells^, then L4**^**	**rib 2^^** yielded by calcaneus**^**
upper wisdom tooth^ - yielded by maxillary sinus^, then yielding inferior nasal concha's RNA-making apparatus as associated with Straight Gyrus**^^** & Cerebellum Lobule 2 & associated structures	**temporal bone^^ (with Cranial Nerve XI brought forth)** yielded by mastoid cells^, then parietal bone's series of soft tissue structures**^^^**	**T3^^** yielded by patella**^**
lower wisdom tooth^ - yielded by maxillary sinus^, then yielding inferior nasal concha's protein-making apparatus as associated with Subcallosal Gyrus**^^** & Cerebellum Lobule 2 & their structures	**temporal bone^^ (with Cranial Nerve XI brought forth)** yielded by mastoid cells^, then parietal bone's series of soft tissue structures**^^^**	**rib 3^^** yielded by fibula**^**
upper 2nd molar^ - yielded by sphenoid sinus^, then yielding superior nasal concha's RNA-making apparatus as associated with Cingulate Gyrus**^^** & Cerebellum Lobule 2 & associated structures	**zygomatic bone^^ (as brought forth in forming Cranial Nerve XII)** yielded by mastoid cells^, then L4**^**	**T4^^** yielded by RLS 10**'^**
lower 2nd molar^ - yielded by sphenoid sinus^, then yielding superior nasal concha's protein-making apparatus associated with Lingual Gyrus**^^** & Cerebellum Lobule 2 & associated structures	**zygomatic bone^^ (as brought forth in forming Cranial Nerve XII)** yielded by mastoid cells^, then L4**^**	**rib 4^^** yielded by LLS 10**'^**
upper 1st molar^ - yielded by ethmoid cells^, then yielding nasal bone's RNA-making apparatus as associated with Inferior Frontal Gyrus**^^** & Cerebellum Lobule 3 & their associated structures	**temporal bone^^ (with Cranial Nerve XI brought forth)** yielded by mastoid cells^, then parietal bone's series of soft tissue structures**^^^**	**T5^^** yielded by RLS 9**'^**
lower 1st molar^ - yielded by ethmoid cells^, then yielding nasal bone's protein-making apparatus as associated with Inferior Frontal Gyrus, Orbital Part**^^** & Cerebellum Lobule 3 & their associated structures	**temporal bone^^ (with Cranial Nerve XI brought forth)** yielded by mastoid cells^, then parietal bone's series of soft tissue structures**^^^**	**rib 5^^** yielded by LLS 9**'^**
upper 2nd pre-molar^ - yielded by tympanic cells^, then yielding parietal bone's RNA-making apparatus as associated with Inferior Frontal Gyrus, Triangular Part**^^** & Cerebellum Lobule 3 & their associated structures	**zygomatic bone^^ (as brought forth in forming Cranial Nerve XII)** yielded by mastoid cells^, then L4**^**	**T6^^** yielded by RLS 8**'^**
lower 2nd pre-molar^ - yielded by tympanic cells^, then yielding parietal bone's protein-making apparatus as associated with Inferior Frontal Gyrus, Opercular Part**^^** & Cerebellum Lobule 3 & their associated structures	**zygomatic bone^^ (as brought forth in forming Cranial Nerve XII)** yielded by mastoid cells^, then L4**^**	**rib 6^^** yielded by LLS 7+8**'^**

DAY 1, DAY 2 and DAY 3 BOB CENTERS for the EXTENDING BODY for a Given 3-Day Cycle, based on the 3-Day Bone, i.e. the DAY 3 BOB CENTER (TABLE SHOWN BELOW) AND STRUCTURES INVOLVED IN THE SHAPING OF THEIR STAGES OF EXISTENCE, THIS PAGE DEPENDENT ON DAY 3 BOB CENTERS OF ROW 7 OF PERIODIC TABLE, **T7 - talus**		
DAY 1 BOB CENTER INVOLVED SHAPING OR SHAPED STRUCTURES	**DAY 2 BOB CENTER** SHAPING STRUCTURES	**DAY 3 BOB CENTER** SHAPED OR SHAPERS
upper 1st pre-molar^ - yielded by mastoid cells^, then yielding temporal bone's RNA-making apparatus as associated with Supramarginal Gyrus^^ & Cerebellum Lobule 4 & their associated structures	**temporal bone^^ (with Cranial Nerve XI brought forth)** yielded by mastoid cells^, then parietal bone's series of soft tissue structures**^^^**	**T7^^** yielded by RLS 7**'^**
lower 1st pre-molar^ - yielded by mastoid cells^, then yielding temporal bone's protein-making apparatus as associated with Superior Temporal Gyrus^^ & Cerebellum Lobule 4 & their associated structures	**temporal bone^^ (with Cranial Nerve XI brought forth)** yielded by mastoid cells^, then parietal bone's series of soft tissue structures**^^^**	**rib 7^^** yielded by RLS 6**'^**
lacrimal bone^^ - yielded by. Mt Ss 1^, then its medial sesamoid**^** as associated with Middle Temporal Gyrus**^** & C.L. 4 & their associated structures	**zygomatic bone^^ (as brought forth in forming CN XII)** yielded by mastoid cells^, then L4**^**	**T8^^** yielded by LLS 6**'^**
maxilla bone^^ - yielded by Mt Ss 1^, then L5**^** as associated with Inferior Temporal Gyrus**^** & Cerebellum Lobule 4 & their associated structures	**zygomatic bone^^ (as brought forth in forming CN XII)** yielded by mastoid cells^, then L4**^**	**rib 8^^** yielded by RLS 5**'^**
upper canine^ - (*b.w.o.* Mt Ss 1^), yielding its lateral sesamoid**^^** as associated with Angular Gyrus**^^** & C.L. 5 & their associated structures	**temporal bone^^(CN XI brought forth)** - yielded by mastoid c.^, then parietal b.'s series of soft tissue structures**^^^**	**T9^^** yielded by LLS 5**'^**
lower canine^ - (*b.w.o.* Mt Ss1^), yielding its lateral sesamoid**^^** as associated with Lateral Occipitotemporal Gyrus**^^** & C.L. 5 & their structures	**temporal bone^^(CN XI brought forth)** - yielded by mastoid c.^, then parietal b.'s series of soft tissue structures**^^^**	**rib 9^^** yielded by RLS 4**'^**
upper lateral incisor^ - (*b.w.o.* Mt Ss 1^), yielding its lateral sesamoid**^^** as associated with Middle Occipitotemporal Gyrus**^^** & C.L. 5 & their structures	**zygomatic bone^^ (as brought forth in forming CN XII)** yielded by mastoid cells^, then L4**^**	**T10^^** yielded by LLS 4**'^**
lower lateral incisor^ - (*b.w.o.* Mt Ss 1^), yielding its lateral sesamoid**^^** as associated with Parahippocampal Gyrus**^^** & C.L. 5 & their structures	**zygomatic bone^^ (as brought forth in forming CN XII)** yielded by mastoid cells^, then L4**^**	**rib 10^^** yielded by RLS 3**'^**
upper central incisor^ - (*b.w.o.* Mt Ss1^), yielding its lateral sesamoid**^^** as associated with Postcentral Gyrus**^^** & C.L. 6 & their structures	**temporal bone^^(CN XI brought forth)** - yielded by mastoid c.^, then parietal b.'s series of soft tissue structures**^^^**	**T11^^** yielded by LLS 3**'^**
lower central incisor^ - (*b.w.o.* Mt Ss1^), yielding its lateral sesamoid**^^** as associated with Precentral Gyrus**^^** & C.L. 6 & their structures	**temporal bone^^(CN XI brought forth)** - yielded by mastoid c.^, then parietal b.'s series of soft tissue structures**^^^**	**rib 11^^** yielded by RLS 2**'^**
body of mandible^^ - yielded by Mc Ss 1^, then its medial sesamoid**^** as associated with Middle Frontal Gyrus**^** & C.L. 6 & their structures	**zygomatic bone^^ (as brought forth in forming CN XII)** yielded by mastoid cells^, then L4**^**	**T12^^** yielded by LLS 1+2**'^**
ramus of mandible^^ - yielded by Mc Ss 1^, then Mc Ss 2**^** as associated with Superior Frontal Gyrus**^** & C.L. 6 & their associated structures	**zygomatic bone^^ (as brought forth in forming CN XII)** yielded by mastoid cells^, then L4**^**	**rib 12^^** yielded by RLS 1**'^**
upper central incisor^ - (*b.w.o.* Mt Ss1^), yielding its lateral sesamoid**^^** as associated with Postcentral Gyrus**^^** & C.L. 6 & their structures	**temporal bone^^(CN XI brought forth)** - yielded by mastoid c.^, then parietal b.'s series of soft tissue structures**^^^**	**fibula^** - yielding also temporal bone's tonsils**^^**
lower central incisor^ - (*b.w.o.* Mt Ss1^), yielding its lateral sesamoid**^^** as associated with Precentral Gyrus**^^** & C.L. 6 & their structures	**temporal bone^^(CN XI brought forth)** - yielded by mastoid c.^, then parietal b.'s series of soft tissue structures**^^^**	**patella^** - & yielding temporal bone's iliac artery**^^**
body of mandible^^ - yielded by Mc Ss 1^, then its medial sesamoid**^** as associated with Middle Frontal Gyrus**^** & C.L. 6 & their structures	**zygomatic bone^^ (as brought forth in forming CN XII)** yielded by mastoid cells^, then L4**^**	**calcaneus^**- & yielding temporal bone's gonads**^^**
ramus of mandible^^ - yielded by Mc Ss 1^, then Mc Ss 2**^** as associated with Superior Frontal Gyrus**^** & C.L. 6 & their associated structures	**zygomatic bone^^ (as brought forth in forming CN XII)** yielded by mastoid cells^, then L4**^**	**talus^** - & yielding temporal b. DNA-making app.**^^**

DAY 1, DAY 2 and DAY 3 BOB CENTERS for the EXTENDING BODY for a Given 3-Day Cycle, based on the 3-Day Bone, i.e. the DAY 3 BOB CENTER (TABLE SHOWN BELOW) AND STRUCTURES INVOLVED IN THE SHAPING OF THEIR STAGES OF EXISTENCE, THIS PAGE DEPENDENT ON DAY 3 BOB CENTERS OF ROW 8 OF PERIODIC TABLE, **Mt 5 - cuneiform intermediate**		
DAY 1 BOB CENTER INVOLVED SHAPING OR SHAPED STRUCTURES	**DAY 2 BOB CENTER** SHAPING STRUCTURES	**DAY 3 BOB CENTER** SHAPERS
ethmoid bone^^ (as brought forth in forming cerebrum) - yielded by outside environment^, then S3**^** as associated with Long Gyrus**^** & C.L. 1	**lacrimal bone^^** - yielded by Mt Ss 1^, then yielded (isolated) in isolating the medial sesamoid**^** of Mt Ss 1	**Mt 5^^** - yielded by lower central incisor**^**
sphenoid bone^^ (as brought forth in forming cerebellum) - yielded by outside environment^, then C5**^** as associated with Short Gyrus**^** & C.L. 1	**lacrimal bone^^** - yielded by Mt Ss 1^, then yielded (isolated) in isolating the medial sesamoid**^** of Mt Ss 1	**Mt 2^^** - yielded by upper central incisor**^**
maxilla alveolar process^ - yielded by frontal sinus^, then yielding vomer bone's RNA-making apparatus, as associated with Dentate Gyrus**^^** & Cerebellum Lobule 1 & associated structures	**maxilla bone^^** - yielded by Mt Ss 1^, then L5**^**, bringing forth lateral sesamoid of Mt Ss 1, thus isolating its medial sesamoid & the lacrimal bone	**Mt PP5^^** yielded by lower lateral incisor**^**
mandible alveolar process^ - yielded by frontal sinus^, then yielding vomer bone's protein-making apparatus, as associated with Orbital Gyrus**^^** & Cerebellum Lobule 1 & associated structures	**maxilla bone^^** - yielded by Mt Ss 1^, then L5**^**, bringing forth lateral sesamoid of Mt Ss 1, thus isolating its medial sesamoid & the lacrimal bone	**Mt PP2^^** yielded by upper lateral incisor**^**
upper wisdom tooth^ - yielded by maxillary sinus^, then yielding inferior nasal concha's RNA-making apparatus as associated with Straight Gyrus**^^** & Cerebellum Lobule 2 & associated structures	**lacrimal bone^^** - yielded by Mt Ss 1^, then yielded (isolated) in isolating the medial sesamoid**^** of Mt Ss 1	**Mt MP5^^** yielded by lower canine**^**
lower wisdom tooth^ - yielded by maxillary sinus^, then yielding inferior nasal concha's protein-making apparatus as associated with Subcallosal Gyrus**^^** & Cerebellum Lobule 2 & their structures	**lacrimal bone^^** - yielded by Mt Ss 1^, then yielded (isolated) in isolating the medial sesamoid**^** of Mt Ss 1	**Mt MP2^^** yielded by upper canine**^**
upper 2nd molar^ - yielded by sphenoid sinus^, then yielding superior nasal concha's RNA-making apparatus as associated with Cingulate Gyrus**^^** & Cerebellum Lobule 2 & associated structures	**maxilla bone^^** - yielded by Mt Ss 1^, then L5**^**, bringing forth lateral sesamoid of Mt Ss 1, thus isolating its medial sesamoid & the lacrimal bone	**Mt DP5^^** yielded by RLS 10**^**
lower 2nd molar^ - yielded by sphenoid sinus^, then yielding superior nasal concha's protein-making apparatus associated with Lingual Gyrus**^^** & Cerebellum Lobule 2 & associated structures	**maxilla bone^^** - yielded by Mt Ss 1^, then L5**^**, bringing forth lateral sesamoid of Mt Ss 1, thus isolating its medial sesamoid & the lacrimal bone	**Mt DP2^^** yielded by LLS 10**^**
upper 1st molar^ - yielded by ethmoid cells^, then yielding nasal bone's RNA-making apparatus as associated with Inferior Frontal Gyrus**^^** & Cerebellum Lobule 3 & their associated structures	**lacrimal bone^^** - yielded by Mt Ss 1^, then yielded (isolated) in isolating the medial sesamoid**^** of Mt Ss 1	**Mt 4^^** yielded by RLS 9**^**
lower 1st molar^ - yielded by ethmoid cells^, then yielding nasal bone's protein-making apparatus as associated with Inferior Frontal Gyrus, Orbital Part**^^** & Cerebellum Lobule 3 & their associated structures	**lacrimal bone^^** - yielded by Mt Ss 1^, then yielded (isolated) in isolating the medial sesamoid**^** of Mt Ss 1	**navicular^^** yielded by LLS 9**^**
upper 2nd pre-molar^ - yielded by tympanic cells^, then yielding parietal bone's RNA-making apparatus as associated with Inferior Frontal Gyrus, Triangular Part**^^** & Cerebellum Lobule 3 & their associated structures	**maxilla bone^^** - yielded by Mt Ss 1^, then L5**^**, bringing forth lateral sesamoid of Mt Ss 1, thus isolating its medial sesamoid & the lacrimal bone	**Mt PP4^^** yielded by RLS 8**^**
lower 2nd pre-molar^ - yielded by tympanic cells^, then yielding parietal bone's protein-making apparatus as associated with Inferior Frontal Gyrus, Opercular Part**^^** & Cerebellum Lobule 3 & their associated structures	**maxilla bone^^** - yielded by Mt Ss 1^, then L5**^**, bringing forth lateral sesamoid of Mt Ss 1, thus isolating its medial sesamoid & the lacrimal bone	**cuneiform intermediate^^** yielded by LLS 7+8**^**

DAY 1, DAY 2 and DAY 3 BOB CENTERS for the EXTENDING BODY for a Given 3-Day Cycle, based on the 3-Day Bone, i.e. the DAY 3 BOB CENTER (TABLE SHOWN BELOW) AND STRUCTURES INVOLVED IN THE SHAPING OF THEIR STAGES OF EXISTENCE, THIS PAGE DEPENDENT ON DAY 3 BOB CENTERS OF ROWS 8 & 9 OF PERIODIC TABLE, **Mt MP4 - Mt DP1, L5 - Mt Ss 1**		
DAY 1 BOB CENTER INVOLVED SHAPING OR SHAPED STRUCTURES	**DAY 2 BOB CENTER** SHAPING STRUCTURES	**DAY 3 BOB CENTER** SHAPERS
upper 1st pre-molar^ - yielded by mastoid cells^, then yielding temporal bone's RNA-making apparatus as associated with Supramarginal Gyrus^^ & Cerebellum Lobule 4 & their associated structures	**lacrimal bone^^** - yielded by Mt Ss 1^, then yielded (isolated) in isolating the medial sesamoid**^** of Mt Ss 1	**Mt MP4^^** yielded by RLS 7**^**
lower 1st pre-molar^ - yielded by mastoid cells^, then yielding temporal bone's protein-making apparatus as associated with Superior Temporal Gyrus^^ & Cerebellum Lobule 4 & their associated structures	**lacrimal bone^^** - yielded by Mt Ss 1^, then yielded (isolated) in isolating the medial sesamoid**^** of Mt Ss 1	**cuneiform lateral^^** yielded by RLS 6**^**
lacrimal bone^^ - yielded by. Mt Ss 1^, then its medial sesamoid**^** as associated with Middle Temporal Gyrus**^** & C.L. 4 & their associated structures	**maxilla bone^^** - yielded by Mt Ss 1^, then L5**^,** bringing forth lateral Ss of MtSs1, isolating medial Ss & lacrimal b.	**Mt DP4^^** yielded by LLS 6**^**
maxilla bone^^ - yielded by Mt Ss 1^, then L5**^** as associated with Inferior Temporal Gyrus**^** & Cerebellum Lobule 4 & their associated structures	**maxilla bone^^** - yielded by Mt Ss 1^, then L5**^,** bringing forth lateral Ss of MtSs1, isolating medial Ss & lacrimal b.	**cuboid^^** yielded by RLS 5**^**
upper canine^ - (*b.w.o.* Mt Ss 1^), yielding its lateral sesamoid**^^** as associated with Angular Gyrus**^^** & C.L. 5 & their associated structures	**lacrimal bone^^** - yielded by Mt Ss 1^, then yielded (isolated) in isolating the medial sesamoid**^** of Mt Ss 1	**Mt 3^^** yielded by LLS 5**^**
lower canine^ - (*b.w.o.* Mt Ss1^), yielding its lateral sesamoid**^^** as associated with Lateral Occipitotemporal Gyrus**^^** & C.L. 5 & their structures	**lacrimal bone^^** - yielded by Mt Ss 1^, then yielded (isolated) in isolating the medial sesamoid**^** of Mt Ss 1	**cuneiform medial^^** yielded by RLS 4**^**
upper lateral incisor^ - (*b.w.o.* Mt Ss 1^), yielding its lateral sesamoid**^^** as associated with Middle Occipitotemporal Gyrus**^^** & C.L. 5 & their structures	**maxilla bone^^** - yielded by Mt Ss 1^, then L5**^,** bringing forth lateral Ss of MtSs1, isolating medial Ss & lacrimal b.	**Mt PP3^^** yielded by LLS 4**^**
lower lateral incisor^ - (*b.w.o.* Mt Ss 1^), yielding its lateral sesamoid**^^** as associated with Parahippocampal Gyrus**^^** & C.L. 5 & their structures	**maxilla bone^^** - yielded by Mt Ss 1^, then L5**^,** bringing forth lateral Ss of MtSs1, isolating medial Ss & lacrimal b.	**Mt 1^^** yielded by RLS 3**^**
upper central incisor^ - (*b.w.o.* Mt Ss1^), yielding its lateral sesamoid**^^** as associated with Postcentral Gyrus**^^** & C.L. 6 & their structures	**lacrimal bone^^** - yielded by Mt Ss 1^, then yielded (isolated) in isolating the medial sesamoid**^** of Mt Ss 1	**Mt MP3^^** yielded by LLS 3**^**
lower central incisor^ - (*b.w.o.* Mt Ss1^), yielding its lateral sesamoid**^^** as associated with Precentral Gyrus**^^** & C.L. 6 & their structures	**lacrimal bone^^** - yielded by Mt Ss 1^, then yielded (isolated) in isolating the medial sesamoid**^** of Mt Ss 1	**Mt PP1^^** yielded by RLS 2**^**
body of mandible^^ - yielded by Mc Ss 1^, then its medial sesamoid**^** as associated with Middle Frontal Gyrus**^** & C.L. 6 & their structures	**maxilla bone^^** - yielded by Mt Ss 1^, then L5**^,** bringing forth lateral Ss of MtSs1, isolating medial Ss & lacrimal b.	**Mt DP3^^** yielded by LLS 1+2**^**
ramus of mandible^^ - yielded by Mc Ss 1^, then Mc Ss 2**^** as associated with Superior Frontal Gyrus**^** & C.L. 6 & their associated structures	**maxilla bone^^** - yielded by Mt Ss 1^, then L5**^,** bringing forth lateral Ss of MtSs1, isolating medial Ss & lacrimal b.	**Mt DP1^^** yielded by RLS 1**^**
upper central incisor^ - (*b.w.o.* Mt Ss1^), yielding its lateral sesamoid**^^** as associated with Postcentral Gyrus**^^** & C.L. 6 & their structures	**body of mandible^^** - yielded by Mc Ss 1^, then yielded (isolated) in isolating the medial sesamoid**^** of Mc Ss 1	**L5^**- (*b.w.o.* McSs1^) v maxilla b. & MtSs1 lat. Ss
lower central incisor^ - (*b.w.o.* Mt Ss1^), yielding its lateral sesamoid**^^** as associated with Precentral Gyrus**^^** & C.L. 6 & their structures	**body of mandible^^** - yielded by Mc Ss 1^, then yielded (isolated) in isolating the medial sesamoid**^** of Mc Ss 1	**McSs2^ -** as for L5 line v ramus 'f man.& McSs1 lat.Ss
body of mandible^^ - yielded by Mc Ss 1^, then its medial sesamoid**^** as associated with Middle Frontal Gyrus**^** & C.L. 6 & their structures	**ramus of mandible^^**- McSs1^,then McSs2**^** bringing out McSs1's lateral Ss, isolating medial Ss & body of mandible	**McSs1^ -** as for L5 line v body 'f man.& McSs1 med.Ss
ramus of mandible^^ - yielded by Mc Ss 1^, then Mc Ss 2**^** as associated with Superior Frontal Gyrus**^** & C.L. 6 & their associated structures	**ramus of mandible^^**- McSs1^,then McSs2**^** bringing out McSs1's lateral Ss, isolating medial Ss & body of mandible	**MtSs1^ -** as for L5 line v lacrimal b. & MtSs1 med. Ss

BLANK PAGE
Possibly for anatomical drawings
depicting bodily structures
having to do with breath destinations**:**
Lungs with their 18 segments,
Hard palate with incisive canal,
Air sinuses and air cell sets,
Nasolacrimal duct,
Cavernous and brain sinuses.
See Page 109, Number 1
for relevance.

PART 4

Tables of
Day 1, Day 2, Day 3
Extending-Body
Bob Centers
with
Supporting Structures for Each

(Yielding a 360-Day Year in 120 Sets of Bob Centers)

Tables of
Day 1, Day 2, Day 3
Extending-Body
Bob Centers

INTRODUCTORY TEXT

Text for Tables of Day 1, Day 2, Day 3 Extending-Body Bob Centers

I come now to writing an introduction to Part 4 of my work, which I have saved for my last task.

The 240 pages of Part 4 have grown out of all 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 is the last of innumerable iterations of these relationships, and I believe it to have proven itself over and over through many months now to be accurate such that I can declare it to be an essentially accurate final iteration.

The front and back of each sheet of Part 4 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, and there are 120 of them as represented by the following 120 sheets of the Tables 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 Tables 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 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 changing fulcrum giving accordance of the entire Bob to the gravitational flow, with this loss allowing gravity to flow on leaving pendulums answering 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. I have proposed the parts of the body developed in conjunction with handling the dimensions through which the body must move, and a result of its becoming its own pendulum is that there has come to be misalignment of its dimensions to one another, requiring the use of non-gravitational forces which can deal in dimensions not balanced to one another.

Sperm Meets Egg

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 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 have been perhaps wrong in what I established as my beginning moment, but it has felt correct through this number of years of developing the 240 pages of Part 4 based on 8:52 a.m. on 7/2/1939 as that first moment of me.

Rotating / Revolving Earth

In the 2nd, 3rd and 4th boxes on the front of a sheet of Part 4 is found named the Bob Center (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 the primary breath tract supporting that day's Bob Center 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 Pendulum Bobs") 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. At this point in my endeavor, I can only hope that a reading of the 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 constantly changing centers within themselves as bob centers, it seems *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 following *Part 4 (Page 116) of my work is the 120 pages showing the bob centers of the human body for 360* days 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 on 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 alter that particular location appropriately to maintain the resistance.*

Then, I speculate, the resistance 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, the bones 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 (sometimes 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, 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 as the "instigator of alteration" or the "originated/ altered" bob 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.

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 go to Page 432 of Part 6 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 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.

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 associated with the bone's bottom end in order for intake to move into the associated passage-way 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.

Cautionary Remarks for How-To-Do-It Steps with Proposed Source of Universe Expansion or Contraction

The 6th one-line box on the back of a sheet which begins, "**Note:** Maintain alignment . . ." expresses a series of structure-alignment concepts which (mostly) do not change day by day and will serve as the initiating alignment to all the other possible alignments of a given day. Ideally, if the alignments of the structures indicated in the 6th back-of-the-sheet box (plus a corollary structure for L5, Mc Ss 2, Mc Ss 1 and Mt Ss 1) can be accurate and maintained, then all the other possible day-by-day alignments ought to fall in line. Therefore, I think of the 6th box as a most important portion of the number of steps to be given on a page dedicated to an overview of "How To Do It," which I shall now include in this Text to Part 4. However, several cautionary remarks regarding body configuration and breath will be mentioned first, preliminary to listing a series of How-To-Do-It steps.

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 exhalation. The larger consequence is summed up in the following several sentences, "*I have proposed in this work that matter is formed by* living organisms. I further proposed *that when matter comes into existence, then the* living organisms *responsible for forming matter can serve to contract it or expand it. In forming matter, an* organism *will form ways to intake from its environment and output back into the environment.* There is to be found in the manner in which an organism intakes and outputs *the process determining whether the "universe" the* organism *is contributing to forming, by forming matter, will contract or expand.* If intake is an extension activity and output a flexion activity, *then the intake/output cycle of the* 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 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 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,* I would propose *the* organism *is involved in pushing apart / expanding the larger universe of which it is a part.*

Above I mentioned the larger consequence of body congruence during an organism's intake/output cycle having 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 could be achieved if humans learned how to alter themselves to appropriately accord themselves to an altering expanding universe, but if the eventual result of continuing expansion of our universe is a final "death" of everything, then I have been intrigued by the possibility that there could be greatly increased human longevity as a component of humans learning to function in such a way as to contribute to universe contraction. This would seem to be humans functioning based on all their parts being aligned and balanced to one another, and the achievement of this type of functioning is the aim of that which I propose will be effected by the utilization of the Tables of Part 4 and the steps I will momentarily list.

The above has been included as background to the following caution: try to see that your body is extending with each inhalation and flexing with each exhalation. Perhaps the easiest way to do this is to find in the Tables the appropriate breath tract for the Day 1 or Day 2 or Day 3 Bob Center depending on which day it is in the 3-day cycle for your appropriate 3-Day Bone. Then, upon inhaling, ascertain that there is a preferential sensation of pressure having developed within the breath tract for the given day. This part is harder, but upon exhaling, there needs to be the sensation of the body being fixed in such as way as to permit of no collapse of the breath tract, and/or no diminishment of sensation of pressure within it, although there can be some sense of pressure being exerted on the tract exteriorly. In actual fact, it doesn't really matter which of the Bob Center breath tracts for the 3-day cycle is used, but perhaps there is a bit more sensation of pressure within the tract if Day 1 tract is used on Day 1 and Day 2 on Day 2, etc.

Finally, two more cautions regarding breath before a listing of steps which will aid the body during each intake/output cycle to maintain appropriate extension during intake and appropriate flexion during output. First, it will be seen that there is being suggested a number of head destinations for the breath, and perhaps it will be noticed that there is no longer 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 should eventually 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 an elevated soft palate toward the back of the mouth to close off the nasopharynx from the oropharynx so that breath to the lungs must then be conveyed otherwise than by means of the oropharynx. The caution here is to slowly develop the ability to breathe with an elevated soft palate closing off the nasopharynx because surely we all are accustomed

to big breaths by way of the naso- to the oro- to the laryngopharynx, and it will take some time to increase the capacity of breath to numerous destinations by way of numerous previously little used breath tracts.

The second caution is to let breath go to the many destinations appearing in these Tables, many in the head and many different ones in the lungs. Most of these destinations have probably received little or no breath in the normal functioning of a human being. Quite likely some time will be required to develop the arrangement of bodily structures shown in these Tables of Part 4 which will allow breath to arrive in all the different destinations at appropriate times. Since my initial suspicion many years ago that a greater understanding of our respiration system might give answers I was seeking, I am in my 25th year in this endeavor and have some to go. Hopefully, the connections I have made are sufficiently valid as to be of help to others to very greatly shorten the time needed to function in the new way I am proposing to give a properly aligned, balanced body.

How-To-Do-It Steps

In the listing now of the set of How-To-Do-It steps, there will be a good bit of variety in the number of days, and even in the portion of a day, in which the suggestions in the following steps are current. One series of steps is given as the non-changing series in which the suggested bodily arrangements should be always maintained. However, I tend to utilize this non-changing series after I have checked several of the steps which do change at certain intervals. I begin with three of the changing series steps:

Changing series of steps:

1. Check whether there is pressure at the breath activated destination for the day's appropriate Bob Center, whether it be Day 1, Day 2 or Day 3. The breath activated destinations for the Day 1, Day 2 and Day 3 Bob Centers are given in across-the-page boxes Numbers 2, 3 and 4 on the front of a sheet of Part 4. As a confirmation measure, one can check for pressure also at the other two breath activated destinations for the other two Bob Centers of the 3-day cycle besides the given day's Bob Center.
2. Check for stretch pressure on the appropriate zonular fiber of the eye of the 3-day cycle, which is stated in box Number 2 on the sheet front. The table listing the zonular fiber associations is on Page 27 of Part 1, and there is commentary on the importance of this How-To-Do-It step beginning with the last paragraph at the bottom of Page 465 of Part 6.
3. Check for continuous pressure in the area of spectral energy associated structures as described in across-the-page box Number 5 (I've thought of these as substance-producing organs whether it be material substance or nerve impulses, etc.) for given time of day for given day as shown in box Number 7. All six organs in the relevant time line across the page are important, but I have felt it to be sufficient if I concentrated on the organs in the appropriate time line for the columns marked at their tops as 2 and 3, that is, the organs associated with the body-frame bone shown as (2) in the three boxes at the bottom of the page and with the cervical/etc. bone shown as (3) in the same boxes.

Non-changing series of steps:

4. Check for a sense of openness (as though open for energy to be flowing outward) in the Exit Route shown in the last column of box Number 7. I have found that simply keeping the sensation of openness in the eye Exit Route creates the same sense in the others, but this is such an important step that it would be desirable to develop an awareness of maintaining the sense of openness in all the Exit Routes or at least in the appropriate time-of-day route as well as always the eye route.

5. Now to the crux of the matter, that is, maintaining 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, back/front. These 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 (of the ear) for up/down**,** metacarpal sesamoids 1 (Mc Ss 1)/ hyoid (at back of chin) for right/left**,** and metatarsal sesamoids 1 (Mt Ss 1)/ patellas (kneecaps) for back/front. For any reader who has persevered to this point, I don't believe I can do better than include below at the end of this text at the double ** the summation of the concepts leading to that which I am proposing in this How-To-Do-It step 5. It comes from Page 400 of Part 6 and is perhaps more comprehensible within the context of its appearance in Part 6, but I let it stand as it appears here. Coming from those concepts, I propose here 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 hinges on having the sensation (for women at least) of having moved back their spine in their body in the vicinity of the waist such that there is now a sense of reduced concavity of the spine in the area. As regards sensation in the pisiforms and other bones mentioned above, it is a matter of being aware of a sense of 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 inside base of thumb and Mt Ss 1 is a double small bone at bottom base of the big toe.

6. For some time, I thought that all I needed for alignment of my entire body was to use the vowels, YUOIEA (see Page 444 of Part 6), to remind myself to create a sense of mirror-imaged balanced alignment in my larynx (Y), lower mandible, i.e. jaw (U), upper mandible, i.e. maxilla bone (O), nose (I), ears (E) and crista galli, i.e. peak at the top of the ethmoid bone in the front top of the head (A). Later, I added to this the desirability of having a sense of balanced alignment of the metatarsal 3 (Mt 3) bones coming through the middle of the foot (see Page 467 of Part 6) along with the vomer, i.e. the septal plate in the nose, and the crista galli. At a later time, I determined that using YUOIEA, Mt 3, the vomer and the crista galli were useful primarily for aligning the structures of our three spatial dimensions but did not have enough alignment power to affect L5 to move back the spine at the waist to align L5 and the pisiforms to align our body properly in the time dimension. The caveat to this would be if the crista galli were straightened right/left and pulled up and forward (in females; probably up and back in males) in which case I would propose that L5/pisiforms could be so properly aligned as to allow the body to need only its connective tissue for functioning. To assure that YUOIEA + Mt 3/vomer/crista galli provides all the desired alignment, then I add a check for a sense of pressure in both or either of the last two structures at the bottom of the column labeled 3 in the $6^{th}/7^{th}$ across-the-page set of boxes on a sheet front. These structures are the cranial ventricle (serving 12 days at a time) and the spinal nerve (serving 3 days at a time), and, thus, we are brought back to another**:**

Changing series of steps:

7. On inhalation, check for expansion pressure in, or contraction, i.e. compression, pressure on, the day's Bob Center, whichever the case may be. If the day's Bob-C, as stated at the beginning of box Numbers 8, 9 or 10 at bottom on sheet front "instigates alteration," then there should be felt expansion pressure in it whereas the structure to which it is stated it is instigating alteration should have some sensation of pressure on it to be compressed or contracted. On exhalation, there should be a reverse on these structures of these sensations.

(7. continued) On the other hand, if the Bob-C of box Numbers 8, 9 or 10 "was originated, and is altered by," there should be expansion pressure during inhalation, not in the

Bob-C, but in the structure which originated and alters the Bob-C. During the inhalation, there should be felt some sense of compression or contraction on the Bob-C with, again, the reverse situation during exhalation.

(7. continued) In across-the-page box Numbers 12, 13, 14 and 15 on the back top of a sheet (below box Number 11 at very top), I have attempted to lay out what I perceive to be happening as explained in the above paragraphs. Box Number 11 states the relevance of attempting to create the sensations in the two primary structures discussed above, that is, the Bob-C and the structure which has either originated and can alter it or the structure which it, the Bob-C, instigates alteration in. Whichever role the Bob-C for a day has, it would seem to be always the pivot bone, the primary or center bone, of the scaffold of bones forming the Bob.

(7. continued) The Day 1 Bob-C is generally a tooth structure, which the majority of the time is an instigator of alteration on "RNA-making" or "Protein-making" apparatus "through aegis of" a gyrus of the brain. This is stated thusly because of the opaqueness of the process which I have sensed must be taking place. In essence, the gyrus of the brain in this situation is the originated structure, which, on inhalation, should experience a sensation of having compression/ contraction pressure on it and then, on exhalation, a sensation of having expansion pressure within it. At times, when RNA-making and Protein-making apparatus are not stated as being in play, there will be a sesamoid-type structure joining ranks with the gyrus to be altered by the Bob-C tooth structure, these being lateral sesamoids of Mt Ss 1 and Mc Ss 1. Also, as occasionally happens, when a cranial bone is given as the Bob-C itself (i.e. the ethmoid, sphenoid, lacrimal, maxilla, body of mandible and ramus of mandible), one of the sesamoid-type structures (or S3 and C5 for ethmoid bone and sphenoid bone) will be the instigator of alteration and the gyrus will join ranks with the cranial bone as the altered. The sesamoid-type structures which will serve as instigators of alteration are the medial sesamoids of Mt Ss 1 and Mc Ss 1 and Mc Ss 2 and L5.

(7. continued) Regarding the Day 2 Bob-C, usually the first two 3-day cycles of a set of four 3-day cycles will entail the series of spectral energy associated structures, which are associated with the named bone, being the expansion-pressure-in-during-inhalation through-the-day-cycled-through structures. The series of spectral energy associated structures for the named bone can be found on Page 74 of Part 3 and are referred to there as Substance-Producing Compartments. In box Number 14 on the back of a sheet, there will be shown the first three time-of-day structures (of 6) which correspond to the body-frame bone which is associated with the named cranial bone overseeing the series of spectral energy associated structures serving in this case as the instigators of alteration to the Day-2 Bob-C. The Day-2 Bob-C, a cranial bone, will always be the first bone of the scaffold of six bones balancing a human in the given 3-day cycle as shown in boxes Number 8, 9 and 10. Please do not confuse the series of spectral energy associated structures (referred to also as substance-producing structures), which often serve as the instigators of alteration to the Day-2 Bob-Cs, with the spectral energy associated structures which are associated with a 3-day cycle's scaffold of bones as shown in box Number 7 on sheet front and in the next to last box on sheet back.

8. 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 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 any bone in one side of the body without there being awareness of the presence of its mirror-image on the other 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.

9. 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 so many years ago with the effort to figure out what my muscles were doing. Now, at the end of this portion of the effort and the end of the How-To-Do-It section, the muscles receive only two lines of text with emphasis instead on so many other parts of the body!

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 456 and 454) the following two Notes as indicators 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 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 - February 2, 2010

PENDULUMS, NOT TURTLES

It's not turtles all the way down (an anecdote from Stephen Hawkings I believe), 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 an entity 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.

** Basis for the Obvious 4 Dimensions: *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 171-174. 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 at the juncture of the big toe 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)****, 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 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 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 make sense to some and 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 (altered 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:

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 help 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 where we were in the flow: Possible arbiter of WEAK FORCE W+ BOSONS. (Toe bones.)*

Tables of

Day 1, Day 2, Day 3

Extending-Body

Bob Centers

TABLES

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 CENTER is ETHMOID 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 CENTER is VOMER BONE with 2nd component of breath through the 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 CENTER is XIPHOID PROCESS with 3rd component of breath through Eustacean Tube to activate Mastoid Cells thereby arranging SPINAL NERVE 1 (C5 Spinal Nerve) to continue proper gyrus function, muscles are as shown.

In order for the above described Bob Centers to approach optimal function, there can be no misalignment of their associated bone, muscle and organ structures. In the lower set of boxed columns below, preceeded 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 Eustacean tube to activate mastoid cells 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-12:36am >	Part 3<hormone>	Pineal Gland	Duodenum	Part 3	Part 3	Part 3	nipples
12:36am-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-C above (ETHMOID BONE brought forth in forming cerebrum) was originated, and is altered, by 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

(5) T1
ciliaris, longitudinal fibers

(4) Mc 5
ciliaris, longitudinal fibers

(6) Mt 5
ciliaris, longitudinal fibers

6/4/2014 Day 2 Bob-C below was originated, and is altered, by Ethmoid Bone overseen Series of Soft Tissue Structure (Cerebrum), (by way of Frontal Sinus) in conjunction with Cranial Nerve I (Olfactory).

DAY 2 BOB-C > (1) VOMER BONE - eye's sphincter muscle

Associated bones/muscles are (2) Xiphoid Process - ciliaris, circular fibers

(3) C1
ciliaris, circular fibers

(5) T1
ciliaris, circular fibers

(4) Mc 5
ciliaris, circular fibers

(6) Mt 5
ciliaris, circular fibers

6/5/2014 Day 3 Bob-C below instigates alteration (itself altering thereby) to the Vomer's Bone Marrow.

(1) Vomer Bone - eye's orbitalis muscle

DAY 3 BOB-C > (2) XIPHOID PROCESS - ciliaris, radial fibers

(3) C1
ciliaris, radial fibers

(5) T1
ciliaris, radial fibers

(4) Mc 5
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,	Long gyri ^ (+ S3)	Ethmoid bone ^^ (+ cerebrum);	Sup.lac.can. & Sig./trans. sinuses & 6 Exit correspondents* & Long gyri ^ (+ S3) & Ethmoid bone ^^ (+ cerebrum),	Long gyri ^ (+ S3) **And intake into** Ethmoid bone ^^ (+ cerebrum)	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) (+ CN I)	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	Eustacean tubes "to" Mastoid cells,	As above but for the Xiphoid process ^ & Vomer's bone marrow ^^,	As above for Vomer's bone marrow ^^;	Mastoid cells & 6 Exit correspondents* & Xiphoid process ^	Xiphoid process ^ **& intake into** Vomer's bone marrow ^^	Breath "to" Mastoid cells to disperse to receiving destinations	As above

Note: Keep constant alignment of L5, McSs2, McSs1, MtSs1 (using YUOIEA, Mt3) and Day 3's Spinal Nerve.

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.

^ and ^^ These are ^ the pressurizable, riftable "Inroad Channel" and ^^ the "Resulting Structure" of Part 2

***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 - 12:36a | Eye part 3 |	Pineal Gland	Duodenum	part 3	part 3	part 3	Nipples
12:36a - 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 CENTER is 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 CENTER is VOMER BONE with 2nd component of breath through the 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 CENTER is STERNUM with 3rd component of breath through Eustacean Tube to activate Mastoid Cells thereby arranging SPINAL NERVE 2 (C6 Spinal Nerve) to continue proper gyrus function, muscles are as shown.

In order for the above described Bob Centers to approach optimal function, there can be no misalignment of their associated bone, muscle and organ structures. In the lower set of boxed columns below, preceeded 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 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 Eustacean tube to activate mastoid cells 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-12:36am >	Part 3<hormone>	Pineal Gland	Duodenum	Part 3	Part 3	Part 3	nipples
12:36am-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 I	Nerve C6	Part 6	Part 6	Part 6	vagina

6/6/2014 DAY 1 BOB-C above (SPHENOID BONE brought forth in forming cerebellum) was originated, and is altered, by C5 (by way of ingress of outside environment) through aegis of the Short Gyrus.

Associated bones/muscles are (1) Vomer 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-C below was originated, and is altered, by Ethmoid Bone overseen Series of Soft Tissue Structure (Cerebrum), (by way of Frontal Sinus) in conjunction with Cranial Nerve I (Olfactory).

DAY 2 BOB-C > (1) VOMER 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-C below instigates alteration (itself altering thereby) to the Vomer's Carotid Artery.

(1) Vomer Bone - eye's orbitalis muscle
DAY 3 BOB-C > (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,	Short gyri ^ (+ C5)	Sphenoid bone ^^ (+ cerebellum);	Sup.lac.can. & Sig./trans. sinuses & 6 Exit correspondents* & Short gyri ^ (+ C5) & Sphenoid bone ^^ (+ cerebellum),	Short gyri ^ (+ C5) **And intake into** Sphenoid bone ^^ (+ cerebellum)	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	Eustacean tubes "to" Mastoid cells,	As above but for the Sternum ^ carotid arteries ^^; Vomer's carotid arteries ^^,	As above but for the Vomer's	Mastoid cells & 6 Exit correspondents* & Sternum ^ &	Sternum ^ **& intake into** Vomer's carotid arteries ^^	Breath "to" Mastoid cells 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.

^ and ^^ These are ^ the pressurizable, riftable "Inroad Channel" and ^^ the "Resulting Structure" of Part 2

*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 - 12:36a | Eye part 3 |	Pineal Gland	Duodenum	part 3	part 3	part 3	Nipples
12:36a - 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 I	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 CENTER is MAXILLA ALVEOLAR PROCESS 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 CENTER is PALATINE BONE with 2nd component of breath through the 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 CENTER is MANUBRIUM with 3rd component of breath through Eustacean Tube to activate Mastoid Cells thereby arranging SPINAL NERVE 3 (C7 Spinal Nerve) to continue proper gyrus function, muscles are as shown.

In order for the above described Bob Centers to approach optimal function, there can be no misalignment of their associated bone, muscle and organ structures. In the lower set of boxed columns below, preceeded 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 Eustacean tube to activate mastoid cells 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-12:36am >	Part 3<hormone>	Pineal Gland	Duodenum	Part 3	Part 3	Part 3	nipples
12:36am-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 II	Nerve C7	Part 6	Part 6	Part 6	vagina

6/9/2014 DAY 1 BOB-C above (MAXILLA ALVEOLAR PROCESS) instigates alteration (itself altering thereby) to the Vomer Bone's RNA-making Apparatus (by way of Frontal Sinus) through aegis of the Dentate Gyrus.

Associated bones/muscles are (1) Palatine 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

6/10/2014 Day 2 Bob-C below was originated, and is altered, by S2 (by way of Frontal Sinus) in conjunction with Cranial Nerve II (Optic).

DAY 2 BOB-C > (1) PALATINE 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

6/11/2014 Day 3 Bob-C below instigates alteration (itself altering thereby) to the Vomer's Pineal Gland.

(1) Palatine Bone - eye's orbitalis muscle
DAY 3 BOB-C > (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 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 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	Eustacean tubes "to" Mastoid cells,	As above but for the Manubrium ^	As above for Vomer's pineal gland ^^; & Vomer's pineal gland ^^,	Mastoid cells & 6 Exit correspondents* & Manubrium ^	Manubrium ^ **And intake into** Vomer's pineal gland ^^	Breath "to" Mastoid cells to disperse to receiving destinations	As above

Note: Keep constant alignment of L5, McSs2, McSs1, MtSs1 (using YUOIEA, Mt3) and Day 3's Spinal Nerve.

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.

^ and ^^ These are ^ the pressurizable, riftable "Inroad Channel" and ^^ the "Resulting Structure" of Part 2

***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 - 12:36a | Eye part 3 |	Pineal Gland	Duodenum	part 3	part 3	part 3	Nipples
12:36a - 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 II	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 CENTER is MANDIBLE ALVEOLAR PROCESS 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 CENTER is PALATINE BONE with 2nd component of breath through the 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 CENTER is CLAVICLE with 3rd component of breath through Eustacean Tube to activate Mastoid Cells thereby arranging SPINAL NERVE 4 (C8 Spinal Nerve) to continue proper gyrus function, muscles are as shown.

In order for the above described Bob Centers to approach optimal function, there can be no misalignment of their associated bone, muscle and organ structures. In the lower set of boxed columns below, preceeded 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 Eustacean tube to activate mastoid cells 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-12:36am >	Part 3<hormone>	Pineal Gland	Duodenum	Part 3	Part 3	Part 3	nipples
12:36am-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-C above (MANDIBLE ALVEOLAR PROCESS) instigates alteration (itself altering thereby) to the Vomer Bone's Protein-making Apparatus (by way of Frontal Sinus) through aegis of Orbital Gyrus.

Associated bones/muscles are (1) Palatine 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

6/13/2014 Day 2 Bob-C below was originated, and is altered, by S2 (by way of Frontal Sinus) in conjunction with Cranial Nerve II (Optic).

DAY 2 BOB-C > (1) PALATINE 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

6/14/2014 Day 3 Bob-C below instigates alteration (itself altering thereby) to the Vomer's DNA-making Apparatus

(1) Palatine Bone - eye's orbitalis muscle
DAY 3 BOB-C > (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
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	Eustacean tubes "to" Mastoid cells,	As above but for the Clavicles ^	As above for Vomer's DNA-making apparatus ^^;	Mastoid cells & 6 Exit correspondents* & Clavicles ^ & Vomer's DNA-making apparatus ^^,	Clavicles ^ **& intake into** Vomer's DNA-making apparatus ^^	Breath "to" Mastoid cells to disperse to receiving destinations	As above

Note: Keep constant alignment of L5, McSs2, McSs1, MtSs1 (using YUOIEA, Mt3) and Day 3's Spinal Nerve.

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.

^ and ^^ These are ^ the pressurizable, riftable "Inroad Channel" and ^^ the "Resulting Structure" of Part 2

***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 - 12:36a | Eye part 3 | Pineal Gland	Duodenum	part 3	part 3	part 3	Nipples
12:36a - 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 CENTER is UPPER WISDOM TOOTH 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 CENTER is INFERIOR NASAL CONCHA 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 CENTER is SCAPULA with 3rd component of breath through Eustacean Tube to activate Tympanic 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 Centers to approach optimal function, there can be no misalignment of their associated bone, muscle and organ structures. In the lower set of boxed columns below, preceeded 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 tympanic 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-12:36am >	Part 3<hormone>	Thyroid Gland	Duodenum	Part 3	Part 3	Part 3	nipples
12:36am-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-C above (UPPER WISDOM TOOTH) instigates alteration (itself altering thereby) to the Inferior Nasal Concha's RNA-making Apparatus (by way of Maxillary Sinus) through aegis of the Straight Gyrus.

Associated bones/muscles are (1) Inferior Nasal Concha - eye's dilator muscle
(2) Scapula - platysma

(3) S4
thyroepiglottic

(4) Mc MP5
deltoid, back part

(5) T3
rotatores brevis

(6) Mt MP5
inferior gemellus

6/16/2014 Day 2 Bob-C below was originated, and is altered, by Vomer Bone's overseen Series of Soft Tissue Structure (by way of Maxillary Sinus) in conjunction with Cranial Nerve III (Oculomotor).

DAY 2 BOB-C > (1) INFERIOR NASAL CONCHA - eye's sphincter muscle
Associated bones/muscles are (2) Scapula - hair follicle muscles

(3) S4
inferior oblique of eye

(4) Mc MP5
deltoid, middle part

(5) T3
multifidi

(6) Mt MP5
obturator externus

6/17/2014 Day 3 Bob-C below instigates alteration (itself altering thereby) to the Inferior Nasal Concha's Thoracic Duct.

(1) Inferior Nasal Concha - eye's orbitalis muscle
DAY 3 BOB-C > (2) SCAPULA - temporoparietalis

(3) S4
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,	As above but for the Bone marrow, carotid arteries, pineal gland + 3 others ^ (+ CN III)	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" Tympanic cells,	As above but for the Scapulas ^ chas' thoracic duct ^^; Inferior nasal conchas' thoracic duct^^,	As above for Inferior nasal con-	Tympanic c. & 6 Exit correspondents* & Scapulas ^ &	Scapulas ^ **& intake into** Inf. nasal conchas' thoracic duct ^^	Breath "to" Tympanic cells to disperse to receiving destinations	As above

Note: Keep constant alignment of L5, McSs2, McSs1, MtSs1 (using YUOIEA, Mt3) and Day 3's Spinal Nerve.

~ = 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 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

^ and ^^ These are ^ the pressurizable, riftable "Inroad Channel" and ^^ the "Resulting Structure" of Part 2

***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 - 12:36a | Eye part 3 | Thyroid gland	Duodenum	part 3	part 3	part 3	Nipples
12:36a - 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 CENTER is LOWER WISDOM TOOTH 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 CENTER is INFERIOR NASAL CONCHA 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 CENTER is HUMERUS with 3rd component of breath through Eustacean Tube to activate Tympanic 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 Centers to approach optimal function, there can be no misalignment of their associated bone, muscle and organ structures. In the lower set of boxed columns below, preceeded 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 tympanic 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-12:36am >	Part 3<hormone>	Thyroid Gland	Duodenum	Part 3	Part 3	Part 3	nipples
12:36am-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 III	Nerve T2	Part 6	Part 6	Part 6	vagina

6/18/2014 DAY 1 BOB-C above (LOWER WISDOM TOOTH) instigates alteration (itself altering thereby) to the Inferior Nasal Concha's Protein-making Apparatus (by way of Maxillary Sinus) through aegis of Subcallosal Gyrus.

Associated bones/muscles are (1) Inferior Nasal Concha - eye's dilator muscle
(2) Humerus - levator costae brevis
(3) S5 transverse 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-C below was originated, and is altered, by Vomer Bone's overseen Series of Soft Tissue Structure (by way of Maxillary Sinus) in conjunction with Cranial Nerve III (Oculomotor).

DAY 2 BOB-C > (1) INFERIOR NASAL CONCHA - eye's sphincter muscle
Associated bones/muscles are (2) Humerus - circulatory system muscles
(3) S5 accessory muscle bundle
(4) Mc MP2 palmaris longus
(5) Rib 3 intertransversarii, lumber medial & thoracis
(6) Mt MP2 obturator internus

6/20/2014 Day 3 Bob-C below instigates alteration (itself altering thereby) to the Inferior Nasal Concha's Parathyroids.

(1) Inferior Nasal Concha - eye's orbitalis muscle
DAY 3 BOB-C > (2) HUMERUS - levator costae longus
(3) S5 oblique 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 the Bone marrow, carotid arteries, pineal gland + 3 others ^ (+ CN III)	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" Tympanic cells,	As above but for the Humeri ^ chas' parathyroids ^^; Inferior nasal conchas' parathyroids^^,	As above for Inferior nasal con-	Tympanic c. & 6 Exit correspondents* & Humeri ^ &	Humeri ^ **& intake into** Inf. nasal conchas' parathyroids ^^	Breath "to" Tympanic cells to disperse to receiving destinations	As above

Note: Keep constant alignment of L5, McSs2, McSs1, MtSs1 (using YUOIEA, Mt3) and Day 3's Spinal Nerve.

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
transverse arytenoid - from arytenoid cartilage straight across to opposite 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, lumbar medial & thoracis - 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
oblique arytenoid - up from base of arytenoid cartilage to apex of opposite arytenoid 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

^ and ^^ These are ^ the pressurizable, riftable "Inroad Channel" and ^^ the "Resulting Structure" of Part 2

***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 - 12:36a | Eye part 3 |	Thyroid gland	Duodenum	part 3	part 3	part 3	Nipples
12:36a - 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 III	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 CENTER is UPPER 2nd MOLAR 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 CENTER is MIDDLE NASAL CONCHA 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 CENTER is RADIUS with 3rd component of breath through Eustacean Tube to activate Tympanic 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 Centers to approach optimal function, there can be no misalignment of their associated bone, muscle and organ structures. In the lower set of boxed columns below, preceeded 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 tympanic 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-12:36am >	Part 3<hormone>	Thyroid Gland	Duodenum	Part 3	Part 3	Part 3	nipples
12:36am-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 IV	Nerve T3	Part 6	Part 6	Part 6	vagina

6/21/2014 DAY 1 BOB-C above (UPPER 2nd MOLAR) instigates alteration (itself altering thereby) to the Superior Nasal Concha's RNA-making Apparatus (by way of Sphenoid Sinus) through aegis of the Cingulate Gyrus.

Associated bones/muscles are (1) Middle Nasal Concha - eye's dilator muscle
(2) Radius - heart, anterior pectinate

(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-C below was originated, and is altered, by C6 (by way of Maxillary Sinus) in conjunction with Cranial Nerve IV (Trochlear).

DAY 2 BOB-C > (1) MIDDLE NASAL CONCHA - eye's sphincter muscle
Associated bones/muscles are (2) Radius - heart, septal pectinate

(3) S3
superior oblique of eye

(4) Mc DP5
brachioradialis

(5) T4
salpingopharyngeus

(6) Mt DP5
gracilis

6/23/2014 Day 3 Bob-C below instigates alteration (itself altering thereby) to the Inferior Nasal Concha's Thyroid Gland.

(1) Middle Nasal Concha - eye's orbitalis muscle
DAY 3 BOB-C > (2) RADIUS - heart, posterior pectinate

(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,	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" Tympanic cells,	As above but for the Radiuses ^ chas' thyroid gland ^^; Inferior nasal conchas' thyroid gland ^^,	As above for Inferior nasal con-	Tympanic c. & 6 Exit correspondents* & Radiuses ^ &	Radiuses ^ **& intake into** Inf. nasal conchas' thyroid gland ^^	Breath "to" Tympanic cells to disperse to receiving destinations	As above

Note: Keep constant alignment of L5, McSs2, McSs1, MtSs1 (using YUOIEA, Mt3) and Day 3's Spinal Nerve.

v / **^** = down / up arrows **Direction** of **Stretch** for **Muscles** on **Front** of **Page**

heart, anterior pectinate - sense of from along anterior medial wall toward base of anterior papillary 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 pectinate - sense of from base of septal papillary muscle to central/upper posterior wall
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 pectinate - sense of from along lower posterior heart wall to base of posterior papillary 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

^ and ^^ These are ^ the pressurizable, riftable "Inroad Channel" and ^^ the "Resulting Structure" of Part 2

***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 - 12:36a | Eye part 3 | Thyroid gland	Duodenum	part 3	part 3	part 3	Nipples
12:36a - 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 IV	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 CENTER is LOWER 2nd MOLAR 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 CENTER is MIDDLE NASAL CONCHA 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 CENTER is ULNA with 3rd component of breath through Eustacean Tube to activate Tympanic 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 Centers to approach optimal function, there can be no misalignment of their associated bone, muscle and organ structures. In the lower set of boxed columns below, preceeded 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 tympanic 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-12:36am >	Part 3<hormone>	Thyroid Gland	Duodenum	Part 3	Part 3	Part 3	nipples
12:36am-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-C above (LOWER 2nd MOLAR) instigates alteration (itself altering thereby) to Superior Nasal Concha's Protein-making Apparatus (by way of Sphenoid Sinus) through aegis of the Lingual Gyrus.

Associated bones/muscles are (1) Middle Nasal Concha - eye's dilator muscle
(2) Ulna - heart, anterior papillary

(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-C below was originated, and is altered, by C6 (by way of Maxillary Sinus) in conjunction with Cranial Nerve IV (Trochlear).

DAY 2 BOB-C > (1) MIDDLE NASAL CONCHA - eye's sphincter muscle
Associated bones/muscles are (2) Ulna - heart, septal papillary

(3) C5
oblique thyroarytenoid

(4) Mc DP2
extensor indicis

(5) Rib 4
uvula

(6) Mt DP2
popliteus

6/26/2014 Day 3 Bob-C below instigates alteration (itself altering thereby) to the Inferior Nasal Concha's DNA-making Apparatus.

(1) Middle Nasal Concha - eye's orbitalis muscle
DAY 3 BOB-C > (2) ULNA - heart, posterior papillary

(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" Tympanic cells,	As above but for the Ulnas^	As above for Inferior nasal conchas' DNA-making apparatus ^^; nasal conchas' DNA-making app. ^^,	Tympanic c. & 6 Exit correspondents* & Ulnas ^ & Inf.	Ulnas ^ **& intake into** Inf. na. con.s' DNA-making apparatus ^^	Breath "to" Tympanic cells to disperse to receiving destinations	As above

Note: Keep constant alignment of L5, McSs2, McSs1, MtSs1 (using YUOIEA, Mt3) and Day 3's Spinal Nerve.

^ = up arrow **Direction** of **Stretch** for **Muscles** on **Front** of **Page**

heart, anterior papillary - from anterior pectinate muscle in toward anterior mitral or tricuspid valves' cusps
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 papillary - from septal mitral or tricuspid valves' cusps to septal pectinate muscle | 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 papillary - from posterior pectinate muscle in toward posterior mitral or tricuspid valves' cusps
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

^ and ^^ These are ^ the pressurizable, riftable "Inroad Channel" and ^^ the "Resulting Structure" of Part 2

***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 - 12:36a | Eye part 3 | Thyroid gland	Duodenum	part 3	part 3	part 3	Nipples
12:36a - 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 CENTER is ETHMOID 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 CENTER is SUPERIOR NASAL CONCHA 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 CENTER is C1 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 Centers to approach optimal function, there can be no misalignment of their associated bone, muscle and organ structures. In the lower set of boxed columns below, preceeded 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 Eustacean tube to activate mastoid cells 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-12:36am >	Part 3<hormone>	Pineal Gland	Duodenum	Part 3	Part 3	Part 3	nipples
12:36am-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-C above (ETHMOID BONE brought forth in forming cerebrum) was originated, and is altered, by 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-C below was originated, & is altered, by Inferior Nasal Concha's overseen Series of Soft Tissue Structure (by way of Sphenoid Sinus) in conjunction with Cranial Nerve V (Trigeminal).

DAY 2 BOB-C > (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-C below was originated, and is altered, by the Lower 2nd Molar.

(1) Superior Nasal Concha - eye's orbitalis muscle
(2) Xiphoid Process - ciliaris, radial fibers

(3) C1 > DAY 3 BOB-C
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,	Long gyri ^ (+ S3)	Ethmoid bone ^^ (+ cerebrum);	Sup.lac.can. & Sig./ trans. sinuses & 6 Exit correspondents* & Long gyri ^ (+ S3) & Ethmoid bone ^^ (+ cerebrum),	Long gyri ^ (+ S3) **And intake into** Ethmoid bone ^^ (+ cerebrum)	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 Thoracic duct, parathyroids, thyroid glands + 3 others ^ (+ CN V)	As above but for the Superior nasal conchas ^^;	Inf. lac. can. & Cavernous sinuses 1 & 6 Exit correspondents* & Thoracic duct, etc. ^ & Superior nasal conchas^^,	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 ^^;	Ant.semi.duct ampullas & 6 Exit correspondents* & Lower 2nd molars ^ & C1 ^^,	Lower 2nd molars ^ **And intake into** C1 ^^	Breath "to" A. semi. d. ampullas to disperse to receiving destinations	As above

Note: Keep constant alignment of L5, McSs2, McSs1, MtSs1 (using YUOIEA, Mt3) and Day 3's Spinal Nerve.

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.

^ and ^^ These are ^ the pressurizable, riftable "Inroad Channel" and ^^ the "Resulting Structure" of Part 2

*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 - 12:36a | Eye part 3 |	Pineal Gland	Duodenum	part 3	part 3	part 3	Nipples
12:36a - 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 CENTER is 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 CENTER is SUPERIOR NASAL CONCHA 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 CENTER is C2 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 Centers to approach optimal function, there can be no misalignment of their associated bone, muscle and organ structures. In the lower set of boxed columns below, preceeded 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 Eustacean tube to activate mastoid cells 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-12:36am >	Part 3<hormone>	Pineal Gland	Duodenum	Part 3	Part 3	Part 3	nipples
12:36am-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 I	Nerve C6	Part 6	Part 6	Part 6	vagina

6/30/2014 DAY 1 BOB-C above (SPHENOID BONE brought forth in forming cerebellum) was originated, and is altered, by C5 (by way of ingress of outside environment) through aegis of the Short Gyrus.

Associated bones/muscles are (1) Superior 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-C below was originated, and is altered, by Inferior Nasal Concha's overseen Series of Soft Tissue Structure (by way of Sphenoid Sinus) in conjunction with Cranial Nerve V (Trigeminal).

DAY 2 BOB-C > (1) SUPERIOR 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-C below was originated, and is altered, by the Upper 2nd Molar.

(1) Superior Nasal Concha - eye's orbitalis muscle
(2) Sternum - uterus/scrotum, radial fibers
(3) C2 > DAY 3 BOB-C 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,	Short gyri ^ (+ C5)	Sphenoid bone ^^ (+ cerebellum);	Sup.lac.can. & Sig./ trans. sinuses & 6 Exit correspondents* & Short gyri ^ (+ C5) & Sphenoid bone ^^ (+ cerebellum),	Short gyri ^ (+ C5) **And intake into** Sphenoid bone ^^ (+ cerebellum)	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 Thoracic duct, parathyroids, thyroid glands + 3 others ^ (+ CN V)	As above but for the Superior nasal conchas ^^;	Inf. lac. can. & Cavernous sinuses 1 & 6 Exit correspondents* & Thoracic duct, etc. ^ & Superior nasal conchas^^,	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 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.

^ and ^^ These are ^ the pressurizable, riftable "Inroad Channel" and ^^ the "Resulting Structure" of Part 2

***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 - 12:36a | Eye part 3 |	Pineal Gland	Duodenum	part 3	part 3	part 3	Nipples
12:36a - 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 I	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 CENTER is MAXILLA ALVEOLAR PROCESS 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 CENTER is HIGHEST NASAL CONCHA 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 CENTER is C3 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 Centers to approach optimal function, there can be no misalignment of their associated bone, muscle and organ structures. In the lower set of boxed columns below, preceeded 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 Eustacean tube to activate mastoid cells 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-12:36am >	Part 3<hormone>	Pineal Gland	Duodenum	Part 3	Part 3	Part 3	nipples
12:36am-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 II	Nerve C7	Part 6	Part 6	Part 6	vagina

7/3/2014 DAY 1 BOB-C above (MAXILLA ALVEOLAR PROCESS) instigates alteration (itself altering) to Vomer Bone's RNA-making Apparatus (by way of Frontal Sinus) through aegis of the Dentate Gyrus.

Associated bones/muscles are (1) Highest Nasal Concha - 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

7/4/2014 Day 2 Bob-C below was originated, and is altered, by L1 (by way of Sphenoid Sinus) in conjunction with Cranial Nerve VI (Abducent).

DAY 2 BOB-C > (1) HIGHEST NASAL CONCHA - 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

7/5/2014 Day 3 Bob-C below was originated, and is altered, by the Lunate.

(1) Highest Nasal Concha - eye's orbitalis muscle
(2) Manubrium - levator palpebrae superioris, deep lamella

(3) C3 > DAY 3 BOB-C
levator palpebrae superioris, deep lamella

(4) Mc PP5
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,	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 Lunates ^	As above but for C3 ^^;	Ant.semi.duct ampullas & 6 Exit correspondents* & Lunates ^ & C3 ^^,	Lunates ^ **And intake into** C3 ^^	Breath "to" A. semi. d. ampullas to disperse to receiving destinations	As above

Note: Keep constant alignment of L5, McSs2, McSs1, MtSs1 (using YUOIEA, Mt3) and Day 3's Spinal Nerve.

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.

^ and ^^ These are ^ the pressurizable, riftable "Inroad Channel" and ^^ the "Resulting Structure" of Part 2

*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 - 12:36a | Eye part 3 |	Pineal Gland	Duodenum	part 3	part 3	part 3	Nipples
12:36a - 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 II	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 CENTER is MANDIBLE ALVEOLAR PROCESS 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 CENTER is HIGHEST NASAL CONCHA 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 CENTER is C4 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 Centers to approach optimal function, there can be no misalignment of their associated bone, muscle and organ structures. In the lower set of boxed columns below, preceeded 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 Eustacean tube to activate mastoid cells 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-12:36am >	Part 3<hormone>	Pineal Gland	Duodenum	Part 3	Part 3	Part 3	nipples
12:36am-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-C above (MANDIBLE ALVEOLAR PROCESS) instigates alteration (itself altering thereby) to Vomer Bone's Protein-making Apparatus (by way of Frontal Sinus) thru aegis of 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-C below was originated, and is altered, by L1 (by way of Sphenoid Sinus) in conjunction with Cranial Nerve VI (Abducent).

DAY 2 BOB-C > (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-C below was originated, and is altered, by the Hook of Hamate.

(1) Highest Nasal Concha - eye's orbitalis muscle
(2) Clavicle - bladder, radial fibers
(3) C4 > DAY 3 BOB-C - 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: Keep constant alignment of L5, McSs2, McSs1, MtSs1 (using YUOIEA, Mt3) and Day 3's Spinal Nerve.

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.

^ and ^^ These are ^ the pressurizable, riftable "Inroad Channel" and ^^ the "Resulting Structure" of Part 2

***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 - 12:36a | Eye part 3 | Pineal Gland	Duodenum	part 3	part 3	part 3	Nipples
12:36a - 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 CENTER is UPPER WISDOM TOOTH 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 CENTER is SUPERIOR NASAL CONCHA 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 CENTER is S4 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 Centers to approach optimal function, there can be no misalignment of their 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 tympanic 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-12:36am >	Part 3<hormone>	Thyroid Gland	Duodenum	Part 3	Part 3	Part 3	nipples
12:36am-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-C above (UPPER WISDOM TOOTH) instigates alteration (itself altering thereby) to the Inferior Nasal Concha's RNA-making Apparatus (by way of Maxillary Sinus) through aegis of the Straight Gyrus.

Associated bones/muscles are (1) Superior Nasal Concha - eye's dilator muscle
(2) Scapula - platysma

(3) S4
thyroepiglottic

(4) Mc MP5
deltoid, back part

(5) T3
rotatores brevis

(6) Mt MP5
inferior gemellus

7/10/2014 Day 2 Bob-C below was originated, & is altered, by Inferior Nasal Concha's overseen Series of Soft Tissue Structure (by way of Sphenoid Sinus) in conjunction with Cranial Nerve V (Trigeminal).

DAY 2 BOB-C > (1) SUPERIOR NASAL CONCHA - eye's sphincter muscle
Associated bones/muscles are (2) Scapula - hair follicle muscles

(3) S4
inferior oblique of eye

(4) Mc MP5
deltoid, middle part

(5) T3
multifidi

(6) Mt MP5
obturator externus

7/11/2014 Day 3 Bob-C below was originated, and is altered, by the Pisiform.

(1) Superior Nasal Concha - eye's orbitalis muscle
(2) Scapula - temporoparietalis

(3) S4 > DAY 3 BOB-C
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,	As above but for Thoracic duct, parathyroids, thyroid glands + 3 others ^ (+ CN V)	As above but for the Superior nasal conchas ^^;	Inf. lac. can. & Cavernous sinuses 2 & 6 Exit correspondents* & Thoracic duct, etc. ^ & Superior nasal conchas^^,	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 S4 ^^; & 6 Exit correspondents* & Pisiforms ^ & S4 ^^,	Posterior semicircular duct ampullas	Pisiforms ^ **And intake into** S4 ^^	Breath "to" Posterior semicircular duct ampullas to disperse to receiving destinations	As above

Note: Keep constant alignment of L5, McSs2, McSs1, MtSs1 (using YUOIEA, Mt3) and Day 3's Spinal Nerve.

~ = 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 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

^ and ^^ These are ^ the pressurizable, riftable "Inroad Channel" and ^^ the "Resulting Structure" of Part 2

***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 - 12:36a | Eye part 3 |	Thyroid gland	Duodenum	part 3	part 3	part 3	Nipples
12:36a - 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 CENTER is LOWER WISDOM TOOTH 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 CENTER is SUPERIOR NASAL CONCHA 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 CENTER is S5 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 Centers to approach optimal function, there can be no misalignment of their 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 tympanic 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-12:36am >	Part 3<hormone>	Thyroid Gland	Duodenum	Part 3	Part 3	Part 3	nipples
12:36am-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 III	Nerve T2	Part 6	Part 6	Part 6	vagina

7/12/2014 DAY 1 BOB-C above (LOWER WISDOM TOOTH) instigates alteration (itself altering thereby) to the Inferior Nasal Concha's Protein-making Apparatus (by way of Maxillary Sinus) through aegis of Subcallosal Gyrus.

Associated bones/muscles are

(1) Superior Nasal Concha - eye's dilator muscle

(2) Humerus - levator costae brevis

(3) S5
transverse 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-C below was originated, & is altered, by Inferior Nasal Concha's overseen Series of Soft Tissue Structure (by way of Sphenoid Sinus) in conjunction with Cranial Nerve V (Trigeminal).

DAY 2 BOB-C > Associated bones/muscles are

(1) SUPERIOR NASAL CONCHA - eye's sphincter muscle

(2) Humerus - circulatory system muscles

(3) S5
accessory muscle bundle

(4) Mc MP2
palmaris longus

(5) Rib 3
intertransversarii, lumber medial & thoracis

(6) Mt MP2
obturator internus

7/14/2014 Day 3 Bob-C below was originated, and is altered, by the Triquetrum.

(1) Superior Nasal Concha - eye's orbitalis muscle

(2) Humerus - levator costae longus

(3) S5 > DAY 3 BOB-C
oblique 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 Thoracic duct, parathyroids, thyroid glands + 3 others ^ (+ CN V)	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 Triquetrums ^	As above but for S5 ^^; & 6 Exit correspondents* & Triquetrums ^ & S5 ^^,	Posterior semicircular duct ampullas	Triquetrums^ **And intake into** S5 ^^	Breath "to" Posterior semicircular duct ampullas to disperse to receiving destinations	As above

Note: Keep constant alignment of L5, McSs2, McSs1, MtSs1 (using YUOIEA, Mt3) and Day 3's Spinal Nerve.

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
transverse arytenoid - from arytenoid cartilage straight across to opposite 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, lumbar medial & thoracis - 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
oblique arytenoid - up from base of arytenoid cartilage to apex of opposite arytenoid 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

^ and ^^ These are ^ the pressurizable, riftable "Inroad Channel" and ^^ the "Resulting Structure" of Part 2

*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 - 12:36a | Eye part 3 |	Thyroid gland	Duodenum	part 3	part 3	part 3	Nipples
12:36a - 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 III	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 CENTER is UPPER 2nd MOLAR 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 CENTER is HIGHEST NASAL CONCHA 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 CENTER is S3 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 Centers to approach optimal function, there can be no misalignment of their 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 tympanic 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-12:36am >	Part 3<hormone>	Thyroid Gland	Duodenum	Part 3	Part 3	Part 3	nipples
12:36am-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 IV	Nerve T3	Part 6	Part 6	Part 6	vagina

7/15/2014 DAY 1 BOB-C above (UPPER 2nd MOLAR) instigates alteration (itself altering thereby) to the Superior Nasal Concha's RNA-making Apparatus (by way of Sphenoid Sinus) through aegis of the Cingulate Gyrus.

Associated bones/muscles are

(1) Highest Nasal Concha - eye's dilator muscle
(2) Radius - heart, anterior pectinate
(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-C below was originated, and is altered, by L1 (by way of Sphenoid Sinus) in conjunction with Cranial Nerve VI (Abducent).

DAY 2 BOB-C >
Associated bones/muscles are

(1) HIGHEST NASAL CONCHA - eye's sphincter muscle
(2) Radius - heart, septal pectinate
(3) S3 superior oblique of eye
(4) Mc DP5 brachioradialis
(5) T4 salpingopharyngeus
(6) Mt DP5 gracilis

7/17/2014 Day 3 Bob-C below was originated, and is altered, by the Sphenoid Sinus.

(1) Highest Nasal Concha - eye's orbitalis muscle
(2) Radius - heart, posterior pectinate
(3) S3 > DAY 3 BOB-C 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,	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 Sphenoid sinuses ^	As above but for S3 ^^;	Post. semicir. duct ampullas & 6 Exit correspondents* & Sphenoid sinuses ^ & S3 ^^,	Sphenoid sinuses ^ **And intake into** S3 ^^	Breath "to" Posterior semicircular duct ampullas to disperse to receiving destinations	As above

Note: Keep constant alignment of L5, McSs2, McSs1, MtSs1 (using YUOIEA, Mt3) and Day 3's Spinal Nerve.

v / **^** = down / up arrows **Direction** of **Stretch** for **Muscles** on **Front** of **Page**

heart, anterior pectinate - sense of from along anterior medial wall toward base of anterior papillary 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 pectinate - sense of from base of septal papillary muscle to central/upper posterior wall
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 pectinate - sense of from along lower posterior heart wall to base of posterior papillary 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

^ and ^^ These are ^ the pressurizable, riftable "Inroad Channel" and ^^ the "Resulting Structure" of Part 2

***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 - 12:36a | Eye part 3 |	Thyroid gland	Duodenum	part 3	part 3	part 3	Nipples
12:36a - 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 IV	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 CENTER is LOWER 2nd MOLAR 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 CENTER is HIGHEST NASAL CONCHA 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 CENTER is C5 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 Centers to approach optimal function, there can be no misalignment of their 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 tympanic 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-12:36am >	Part 3<hormone>	Thyroid Gland	Duodenum	Part 3	Part 3	Part 3	nipples
12:36am-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-C above (LOWER 2nd MOLAR) instigates alteration (itself altering thereby) to Superior Nasal Concha's Protein-making Apparatus (by way of Sphenoid Sinus) through aegis of the Lingual Gyrus.

Associated bones/muscles are

(1) Highest Nasal Concha - eye's dilator muscle
(2) Ulna - heart, anterior papillary
(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-C below was originated, and is altered, by L1 (by way of Sphenoid Sinus) in conjunction with Cranial Nerve VI (Abducent).

DAY 2 BOB-C >
Associated bones/muscles are

(1) HIGHEST NASAL CONCHA - eye's sphincter muscle
(2) Ulna - heart, septal papillary
(3) C5 oblique thyroarytenoid
(4) Mc DP2 extensor indicis
(5) Rib 4 uvula
(6) Mt DP2 popliteus

7/20/2014 Day 3 Bob-C below was originated, and is altered, by the Sphenoid Sinus.

(1) Highest Nasal Concha - eye's orbitalis muscle
(2) Ulna - heart, posterior papillary
(3) C5 > DAY 3 BOB-C 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 Sphenoid sinuses ^	As above but for C5 ^^;	Post. semicir. duct ampullas & 6 Exit correspondents* & Sphenoid sinuses ^ & C5 ^^,	Sphenoid sinuses ^ **And intake into** C5 ^^	Breath "to" Posterior semicircular duct ampullas to disperse to receiving destinations	As above

Note: Keep constant alignment of L5, McSs2, McSs1, MtSs1 (using YUOIEA, Mt3) and Day 3's Spinal Nerve.

^ = up arrow **Direction** of **Stretch** for **Muscles** on **Front** of **Page**

heart, anterior papillary - from anterior pectinate muscle in toward anterior mitral or tricuspid valves' cusps
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 papillary - from septal mitral or tricuspid valves' cusps to septal pectinate muscle | 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 papillary - from posterior pectinate muscle in toward posterior mitral or tricuspid valves' cusps
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

^ and ^^ These are ^ the pressurizable, riftable "Inroad Channel" and ^^ the "Resulting Structure" of Part 2

***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 - 12:36a | Eye part 3 |	Thyroid gland	Duodenum	part 3	part 3	part 3	Nipples
12:36a - 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 CENTER is UPPER 1st MOLAR 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 CENTER is SUPERIOR NASAL CONCHA 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 CENTER is S2 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 Centers to approach optimal function, there can be no misalignment of their 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 nasal meatuses to activate ethmoid cells 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-12:36am >	Part 3<hormone>	Pyloric Gland	Duodenum	Part 3	Part 3	Part 3	nipples
12:36am-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-C above (UPPER 1st MOLAR) instigates alteration (itself altering thereby) to the Nasal Bone's RNA-making Apparatus (by way of Ethmoid Cells) 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-C below was originated, & is altered, by Inferior Nasal Concha's overseen Series of Soft Tissue Structure (by way of Sphenoid Sinus) in conjunction with Cranial Nerve V (Trigeminal).

DAY 2 BOB-C > (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 cervicis & capitis

(6) Mt 4
abductor hallucis

7/23/2014 Day 3 Bob-C below was originated, and is altered, by the Sphenoid Sinus.

(1) Superior Nasal Concha - eye's orbitalis muscle
(2) Triquetrum - esophagus, muscularis mucosa

(3) S2 > DAY 3 BOB-C
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,	As above but for Thoracic duct, parathyroids, thyroid glands + 3 others ^ (+ CN V)	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 Sphenoid sinuses ^	As above but for S2 ^^; spondents* & Sphenoid sinuses ^ & S2 ^^,	Lat.semi.duct ampullas & & 6 Exit correspondents* & Sphenoid sinuses ^ & S2 ^^,	Sphenoid sinuses ^ **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 cervicis & capitis - 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

^ and ^^ These are ^ the pressurizable, riftable "Inroad Channel" and ^^ the "Resulting Structure" of Part 2

***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 - 12:36a | Eye part 3 |	Pyloric gland	Duodenum	part 3	part 3	part 3	Nipples
12:36a - 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 CENTER is LOWER 1st MOLAR 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 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 CENTER is SUPERIOR NASAL CONCHA 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 CENTER is C6 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 Centers to approach optimal function, there can be no misalignment of their 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 nasal meatuses to activate ethmoid cells 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-12:36am >	Part 3<hormone>	Pyloric Gland	Duodenum	Part 3	Part 3	Part 3	nipples
12:36am-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 V	Nerve T6	Part 6	Part 6	Part 6	vagina

7/24/2014 DAY 1 BOB-C above (LOWER 1st MOLAR) instigates alteration (itself altering thereby) to the Nasal Bone's Protein-making Apparatus (by way of Ethmoid Cells) thru aegis of Inferior Frontal Gyrus, Orbital Part.

Associated bones/muscles are (1) Superior 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-C below was originated, & is altered, by Inferior Nasal Concha's overseen Series of Soft Tissue Structure (by way of Sphenoid Sinus) in conjunction with Cranial Nerve V (Trigeminal).

DAY 2 BOB-C > (1) SUPERIOR 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-C below was originated, and is altered, by the Sphenoid Sinus.

(1) Superior Nasal Concha - eye's orbitalis muscle
(2) Pisiform - stomach, inner oblique layer

(3) C6 > DAY 3 BOB-C
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, orbital part ^^;	Sup.lac.can. & Sup. petrosal sinuses & 6 Exit correspondents* & Lower 1st molars^ & Inferior frontal gyri, orbital part ^^,	Lower 1st 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 Thoracic duct, parathyroids, thyroid glands + 3 others ^ (+ CN V)	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 Sphenoid sinuses ^	As above but for C6 ^^; spondents* & Sphenoid sinuses ^ & C6 ^^,	Lat.semi.duct ampullas & & 6 Exit correspondents* & Sphenoid sinuses ^ & C6 ^^,	Sphenoid sinuses ^ **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

^ and ^^ These are ^ the pressurizable, riftable "Inroad Channel" and ^^ the "Resulting Structure" of Part 2

***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 - 12:36a **|** Eye part 3**|** Pyloric gland	Duodenum	part 3	part 3	part 3	Nipples
12:36a - 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 V	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 CENTER is UPPER 1st MOLAR 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 CENTER is SUPERIOR NASAL CONCHA 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 CENTER is TRIQUETRUM with 3rd component of breath through Nasal Meatus to activate Ethmoid Cells thereby arranging SPINAL NERVE 9 (T5 Spinal Nerve) to continue proper gyrus function, muscles are as shown.

In order for the above described Bob Centers to approach optimal function, there can be no misalignment of their 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 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 nasal meatuses to activate ethmoid cells 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-12:36am >	Part 3<hormone>	Pyloric Gland	Duodenum	Part 3	Part 3	Part 3	nipples
12:36am-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-C above (UPPER 1st MOLAR) instigates alteration (itself altering thereby) to the Nasal Bone's RNA-making Apparatus (by way of Ethmoid Cells) 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-C below was originated, & is altered, by Inferior Nasal Concha's overseen Series of Soft Tissue Structure (by way of Sphenoid Sinus) in conjunction with Cranial Nerve V (Trigeminal).

DAY 2 BOB-C > (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 cervicis & capitis

(6) Mt 4
abductor hallucis

7/29/2014 Day 3 Bob-C below instigates alteration (itself altering thereby) to the Superior Nasal Concha's Peyer's Patches

(1) Superior Nasal Concha - eye's orbitalis muscle
DAY 3 BOB-C > (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,	As above but for Thoracic duct, parathyroids, thyroid glands + 3 others ^ (+ CN V)	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	Nasal meatus "to" Ethmoid cells,	As above but for the Triquetrums ^ chas' Peyer's patches ^^; Sup. nasal conchas' Peyer's patches^^,	As above for Superior nasal con-	Ethmoid cells & 6 Exit correspondents* & Triquetrums^ &	Triquetrums^ **& intake into** Sup. nasal conchas' Peyer's patches^^	Breath "to" Ethmoid cells 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 cervicis & capitis - 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

^ and ^^ These are ^ the pressurizable, riftable "Inroad Channel" and ^^ the "Resulting Structure" of Part 2

***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 - 12:36a | Eye part 3|	Pyloric gland	Duodenum	part 3	part 3	part 3	Nipples
12:36a - 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 CENTER is LOWER 1st MOLAR 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 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 CENTER is SUPERIOR NASAL CONCHA 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 CENTER is PISIFORM with 3rd component of breath through Nasal Meatus to activate Ethmoid Cells thereby arranging SPINAL NERVE 10 (T6 Spinal Nerve) to continue proper gyrus function, muscles are as shown.

In order for the above described Bob Centers to approach optimal function, there can be no misalignment of their 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 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 nasal meatuses to activate ethmoid cells 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-12:36am >	Part 3<hormone>	Pyloric Gland	Duodenum	Part 3	Part 3	Part 3	nipples
12:36am-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 V	Nerve T6	Part 6	Part 6	Part 6	vagina

7/30/2014 DAY 1 BOB-C above (LOWER 1st MOLAR) instigates alteration (itself altering thereby) to the Nasal Bone's Protein-making Apparatus (by way of Ethmoid Cells) thru aegis of Inferior Frontal Gyrus, Orbital Part.

Associated bones/muscles are (1) Superior 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 below was originated, and is altered, by Inferior Nasal Concha's overseen Series of Soft Tissue Structure (by way of Sphenoid Sinus) in conjunction with Cranial Nerve V (Trigeminal).

DAY 2 BOB-C > (1) SUPERIOR 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-C below instigates alteration (itself altering thereby) to the Superior Nasal Concha's Aorta

(1) Superior Nasal Concha - eye's orbitalis muscle
DAY 3 BOB-C > (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, orbital part ^^;	Sup.lac.can. & Sup. petrosal sinuses & 6 Exit correspondents* & Lower 1st molars^ & Inferior frontal gyri, orbital part ^^,	Lower 1st 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 Thoracic duct, parathyroids, thyroid glands + 3 others ^ (+ CN V)	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	Nasal meatus "to" Ethmoid cells,	As above but for the Pisiforms ^ nasal conchas' aorta ^^; Superior nasal conchas' aorta ^^,	As above but for the Superior	Ethmoid cells & 6 Exit correspondents* & Pisiforms ^ &	Pisiforms ^ **& intake into** Superior nasal conchas' aorta^^	Breath "to" Ethmoid cells 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

^ and ^^ These are ^ the pressurizable, riftable "Inroad Channel" and ^^ the "Resulting Structure" of Part 2

***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 - 12:36a | Eye part 3|	Pyloric gland	Duodenum	part 3	part 3	part 3	Nipples
12:36a - 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 V	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 CENTER is UPPER 2nd PRE-MOLAR 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 CENTER is HIGHEST NASAL CONCHA 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 CENTER is HOOK OF HAMATE with 3rd component of breath through Nasal Meatus to activate Ethmoid Cells thereby arranging SPINAL NERVE 11 (T7 Spinal Nerve) to continue proper gyrus function, muscles are as shown.

In order for the above described Bob Centers to approach optimal function, there can be no misalignment of their 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 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 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 nasal meatuses to activate ethmoid cells 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-12:36am >	Part 3<hormone>	Pyloric Gland	Duodenum	Part 3	Part 3	Part 3	nipples
12:36am-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 VI	Nerve T7	Part 6	Part 6	Part 6	vagina

8/2/2014 DAY 1 BOB-C above (UPPER 2nd PRE-MOLAR) instigates alteration (itself altering) to the Parietal Bone's RNA-making Apparatus (by way of Tympanic Cells) thru aegis of Inferior Frontal Gyrus, Triangular Part.

Associated bones/muscles are (1) Highest 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-C below was originated, and is altered, by L1 (by way of Sphenoid Sinus) in conjunction with Cranial Nerve VI (Abducent).

DAY 2 BOB-C > (1) HIGHEST 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-C below instigates alteration (itself altering thereby) to the Superior Nasal Concha's Pyloric Gland

(1) Highest Nasal Concha - eye's orbitalis muscle
DAY 3 BOB-C > (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 ^ & 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 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	Nasal meatus "to" Ethmoid cells,	As above but for Hook of hamates ^ conchas' pyloric gland ^^; & Sup. nasal conchas' pyloric gland ^^,	As above but for Superior nasal	Ethmoid cells & 6 Exit correspondents* & Ham.s' hook ^	Ham.s' hook^ **& intake into** Sup. nasal conchas' pyloric gland ^^	Breath "to" Ethmoid cells to disperse to receiving destinations	As above

Note: Keep constant alignment of L5, McSs2, McSs1, MtSs1 (using YUOIEA, Mt3) and Day 3's Spinal Nerve.

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

^ and ^^ These are ^ the pressurizable, riftable "Inroad Channel" and ^^ the "Resulting Structure" of Part 2

***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 - 12:36a | Eye part 3 | Pyloric gland	Duodenum	part 3	part 3	part 3	Nipples
12:36a - 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 VI	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 CENTER is LOWER 2nd PRE-MOLAR 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 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 CENTER is HIGHEST NASAL CONCHA 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 CENTER is LUNATE with 3rd component of breath through Nasal Meatus to activate Ethmoid Cells thereby arranging SPINAL NERVE 12 (T8 Spinal Nerve) to continue proper gyrus function, muscles are as shown.

In order for the above described Bob Centers to approach optimal function, there can be no misalignment of their 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 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 nasal meatuses to activate ethmoid cells 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-12:36am >	Part 3<hormone>	Pyloric Gland	Duodenum	Part 3	Part 3	Part 3	nipples
12:36am-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-C above (LOWER 2nd PRE-MOLAR) instigates alteration (itself altering) to the Parietal Bone's Protein-making Apparatus (by way of Tympanic Cells) through aegis of Inferior Frontal Gyrus, Opercular 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-C below was originated, and is altered, by L1 (by way of Sphenoid Sinus) in conjunction with Cranial Nerve VI (Abducent).

DAY 2 BOB-C > (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-C below instigates alteration (itself altering thereby) to the Superior Nasal Concha's DNA-making Apparatus

(1) Highest Nasal Concha - eye's orbitalis muscle
DAY 3 BOB-C > (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, opercular part ^^;	Sup.lac.can. & Sup. petrosal sinuses & 6 Exit correspondents* & Lower 2nd pre-molars ^ & Inferior frontal gyri, opercular part ^^,	Lowee 2nd pre-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	Nasal meatus "to" Ethmoid cells,	As above but for the Lunates ^ DNA-making apparatus^^; Sup. na. conchas' DNA-making app.^^,	As above for Superior nasal conchas'	Ethmoid cells & 6 Exit correspondents* & Lunates ^ &	Lunates ^ **& intake into** Sup. n. c.s' DNA-making apparatus ^^	Breath "to" Ethmoid cells to disperse to receiving destinations	As above

Note: Keep constant alignment of L5, McSs2, McSs1, MtSs1 (using YUOIEA, Mt3) and Day 3's Spinal Nerve.

^/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

^ and ^^ These are ^ the pressurizable, riftable "Inroad Channel" and ^^ the "Resulting Structure" of Part 2

***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 - 12:36a | Eye part 3 |	Pyloric gland	Duodenum	part 3	part 3	part 3	Nipples
12:36a - 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 CENTER is UPPER 2nd PRE-MOLAR 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 CENTER is HIGHEST NASAL CONCHA 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 CENTER is S1 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 Centers to approach optimal function, there can be no misalignment of their 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 nasal meatuses to activate ethmoid cells 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-12:36am >	Part 3<hormone>	Pyloric Gland	Duodenum	Part 3	Part 3	Part 3	nipples
12:36am-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 VI	Nerve T7	Part 6	Part 6	Part 6	vagina

8/8/2014 DAY 1 BOB-C above (UPPER 2nd PRE-MOLAR) instigates alteration (itself altering) to the Parietal Bone's RNA-making Apparatus (by way of Tympanic Cells) thru aegis of Inferior Frontal Gyrus, Triangular Part.

Associated bones/muscles are (1) Highest 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

8/9/2014 Day 2 Bob-C below was originated, and is altered, by L1 (by way of Sphenoid Sinus) in conjunction with Cranial Nerve VI (Abducent).

DAY 2 BOB-C > (1) HIGHEST 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

8/10/2014 Day 3 Bob-C below was originated, and is altered, by the Lower 1st Molar.

(1) Highest Nasal Concha - eye's orbitalis muscle
(2) Hook of Hamate - small intestine, muscularis mucosa

(3) S1 > DAY 3 BOB-C
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 ^^; & 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 L1 ^ (+ CN VI, i.e. Cranial nerve VI, Abducent)	As above but for the Highest nasal conchas ^^; & Highest nasal conchas ^^,	Inf. lac. can. & Cavernous sinuses 3 & 6 Exit correspondents* & L1 ^ (+ CN VI)	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" Utricle of the ears,	As above but for Lower 1st molars ^	As above but for S1 ^^; & Lower 1st molars ^ & 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: Keep constant alignment of L5, McSs2, McSs1, MtSs1 (using YUOIEA, Mt3) and Day 3's Spinal Nerve.

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

^ and ^^ These are ^ the pressurizable, riftable "Inroad Channel" and ^^ the "Resulting Structure" of Part 2

***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
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12:36a - 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 VI	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 CENTER is LOWER 2nd PRE-MOLAR 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 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 CENTER is HIGHEST NASAL CONCHA 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 CENTER is C7 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 Centers to approach optimal function, there can be no misalignment of their 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 nasal meatuses to activate ethmoid cells 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-12:36am >	Part 3<hormone>	Pyloric Gland	Duodenum	Part 3	Part 3	Part 3	nipples
12:36am-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-C above (LOWER 2nd PRE-MOLAR) instigates alteration (itself altering) to the Parietal Bone's Protein-making Apparatus (by way of Tympanic Cells) through aegis of Inferior Frontal Gyrus, Opercular 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

8/12/2014 Day 2 Bob-C below was originated, and is altered, by L1 (by way of Sphenoid Sinus) in conjunction with Cranial Nerve VI (Abducent).

DAY 2 BOB-C > (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

8/13/2014 Day 3 Bob-C below was originated, and is altered, by the Upper 1st Molar.

(1) Highest Nasal Concha - eye's orbitalis muscle
(2) Lunate - hepatopancreatic ampulla sphincter

(3) C7 > DAY 3 BOB-C
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, opercular part ^^; & Inferior frontal gyri, opercular part ^^,	Sup.lac.can. & Sup. petrosal sinuses & 6 Exit correspondents* & Lower 2nd pre-molars ^	Lowee 2nd pre-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 ^^; & Highest nasal conchas ^^,	Inf. lac. can. & Cavernous sinuses 3 & 6 Exit correspondents* & L1 ^ (+ CN VI)	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" Utricle of the ears,	As above but for Upper 1st molars ^	As above but for C7 ^^; & Upper 1st molars ^ & C7 ^^,	Utricle of ears & 6 Exit correspondents* & Upper 1st	Upper 1st molars ^ **And intake into** C7 ^^	Breath "to" Utricle of ears to disperse to receiving destinations	As above

Note: Keep constant alignment of L5, McSs2, McSs1, MtSs1 (using YUOIEA, Mt3) and Day 3's Spinal Nerve.

^/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

^ and ^^ These are ^ the pressurizable, riftable "Inroad Channel" and ^^ the "Resulting Structure" of Part 2

***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 - 12:36a | Eye part 3 |	Pyloric gland	Duodenum	part 3	part 3	part 3	Nipples
12:36a - 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 CENTER is UPPER 1st PRE-MOLAR 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 CENTER is NASAL 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 CENTER is CX 1 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 Centers to approach optimal function, there can be no misalignment of their 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 superior nasal meatus to activate sphenoid sinus 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-12:36am >	Part 3<hormone>	Pancreas	Duodenum	Part 3	Part 3	Part 3	nipples
12:36am-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-C above (UPPER 1st PRE-MOLAR) instigates alteration (itself altering thereby) to the Temporal Bone's RNA-making Apparatus (by way of Mastoid Cells) through aegis of the Supra-marginal 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-C below was originated, & is altered, by Superior Nasal Concha's overseen Series of Soft Tissue Structure (by way of Ethmoid Cells) in conjunction with Cranial Nerve VII (Facial).

DAY 2 BOB-C >

Associated bones/muscles are

(1) NASAL BONE - eye's sphincter muscle

(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-C below was originated, and is altered, by the Pelvic Hip.

(1) Nasal Bone - eye's orbitalis muscle

(2) Malleus - large intestine, muscularis mucosa

(3) CX 1 > DAY 3 BOB-C
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,	As above but for Peyer's patches, aorta, pylor-ic gland + 3 others ^ (+ CN VII)	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 Pelvic hip ^	As above but for Cx 1 ^^;	Eustacean t. & Saccules & 6 Exit correspondents* & Pelvic hip ^ & Cx 1 ^^,	Pelvic hip ^ **And intake into** Cx 1 ^^	Breath "to" Saccules to disperse to receiving destinations	As above

Note: Keep constant alignment of L5, McSs2, McSs1, MtSs1 (using YUOIEA, Mt3) and Day 3's Spinal Nerve.

^ = 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 - from mandible's depression below incisive teeth (incisive fossa) slanting centrally toward chin's tip
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

^ and ^^ These are ^ the pressurizable, riftable "Inroad Channel" and ^^ the "Resulting Structure" of Part 2

***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 - 12:36a | Eye part 3 | Pancreas	Duodenum	part 3	part 3	part 3	Nipples
12:36a - 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 CENTER is LOWER 1st PRE-MOLAR 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 CENTER is NASAL 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 CENTER is CX 2 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 Centers to approach optimal function, there can be no misalignment of their 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 superior nasal meatus to activate sphenoid sinus 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-12:36am >	Part 3<hormone>	Pancreas	Duodenum	Part 3	Part 3	Part 3	nipples
12:36am-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 VII	Nerve T10	Part 6	Part 6	Part 6	vagina

8/17/2014 DAY 1 BOB-C above (LOWER 1st PRE-MOLAR) instigates alteration (itself altering thereby) to Temporal Bone's Protein-making Apparatus (by way of Mastoid Cells) through aegis of Superior Temporal Gyrus.

Associated bones/muscles are

(1) Nasal 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-C below was originated, & is altered, by Superior Nasal Concha's overseen Series of Soft Tissue Structure (by way of Ethmoid Cells) in conjunction with Cranial Nerve VII (Facial).

DAY 2 BOB-C > Associated bones/muscles are

(1) NASAL BONE - eye's sphincter muscle

(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-C below was originated, and is altered, by the Upper Hip.

(1) Nasal Bone - eye's orbitalis muscle

(2) Incus - rectum, muscularis mucosa

(3) CX 2 > DAY 3 BOB-C
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 Peyer's patches, aorta, pyloric gland + 3 others ^ (+ CN VII)	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 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: Keep constant alignment of L5, McSs2, McSs1, MtSs1 (using YUOIEA, Mt3) and Day 3's Spinal Nerve.

^ = 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

^ and ^^ These are ^ the pressurizable, riftable "Inroad Channel" and ^^ the "Resulting Structure" of Part 2

***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 - 12:36a |Eye part 3|	Pancreas	Duodenum	part 3	part 3	part 3	Nipples
12:36a - 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 VII	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 CENTER is LACRIMAL BONE with breath through the 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 CENTER is FRONTAL 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 CENTER is CX 3 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 Centers to approach optimal function, there can be no misalignment of their 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 superior nasal meatus to activate sphenoid sinus 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-12:36am >	Part 3<hormone>	Pancreas	Duodenum	Part 3	Part 3	Part 3	nipples
12:36am-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 VIII	Nerve T11	Part 6	Part 6	Part 6	vagina

8/20/2014 DAY 1 BOB-C above (LACRIMAL BONE) was originated, and is altered, by the 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) Frontal 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-C below was originated, and is altered, by L2 (by way of Ethmoid Cells) in conjunction with Cranial Nerve VIII (Vestibulocochlear).

DAY 2 BOB-C >

(1) FRONTAL 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-C below was originated, and is altered, by the Incus.

(1) Frontal Bone - eye's orbitalis muscle

(2) Upper Hip - anal canal, muscularis mucosa

(3) CX 3 > DAY 3 BOB-C
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,	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 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: Keep constant alignment of L5, McSs2, McSs1, MtSs1 (using YUOIEA, Mt3) and Day 3's Spinal Nerve.

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

^ and ^^ These are ^ the pressurizable, riftable "Inroad Channel" and ^^ the "Resulting Structure" of Part 2

***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 - 12:36a |Eye part 3|	Pancreas	Duodenum	part 3	part 3	part 3	Nipples
12:36a - 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 VIII	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 CENTER is MAXILLA BONE with breath through the 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 CENTER is FRONTAL 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 CENTER is CX 4 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 Centers to approach optimal function, there can be no misalignment of their 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 superior nasal meatus to activate sphenoid sinus 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-12:36am >	Part 3<hormone>	Pancreas	Duodenum	Part 3	Part 3	Part 3	nipples
12:36am-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-C above (MAXILLA BONE) was originated, and is altered, by 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-C below was originated, and is altered, by L2 (by way of Ethmoid Cells) in conjunction with Cranial Nerve VIII (Vestibulocochlear).

DAY 2 BOB-C > Associated bones/muscles are

(1) FRONTAL BONE - eye's sphincter muscle

(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-C below was originated, and is altered, by the Malleus.

(1) Frontal Bone - eye's orbitalis muscle

(2) Pelvic Hip - levator ani

(3) CX 4 > DAY 3 BOB-C
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 ^^,	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 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: Keep constant alignment of L5, McSs2, McSs1, MtSs1 (using YUOIEA, Mt3) and Day 3's Spinal Nerve.

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

^ and ^^ These are ^ the pressurizable, riftable "Inroad Channel" and ^^ the "Resulting Structure" of Part 2

***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 - 12:36a | Eye part 3 |	Pancreas	Duodenum	part 3	part 3	part 3	Nipples
12:36a - 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 CENTER is UPPER CANINE with breath through the 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 CENTER is NASAL 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 CENTER is L1 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 Centers to approach optimal function, there can be no misalignment of their 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 middle nasal meatus to activate maxillary 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-12:36am >	Pt. 3 <hormone>	Suprarenal Gland	Duodenum	Part 3	Part 3	Part 3	nipples
12:36am-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-C above (UPPER CANINE) instigates alteration (itself altering thereby) to Lateral Sesamoid of Mt Ss 1 (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-C below was originated, & is altered, by Superior Nasal Concha's overseen Series of Soft Tissue Structure (by way of Ethmoid Cells) in conjunction with Cranial Nerve VII (Facial).

DAY 2 BOB-C > (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-C below was originated, and is altered, by Ethmoid Cells.

(1) Nasal Bone - eye's orbitalis muscle
(2) Stapes - external oblique abdominus

(3) L1 > DAY 3 BOB-C
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,	As above but for Peyer's patches, aorta, pyloric gland + 3 others ^ (+ CN VII)	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 Ethmoid cells ^	As above but for L1 ^^; 6 Exit correspondents* & Ethmoid cells ^ & L1 ^^,	Eustacean t. & Cochleas' outer hair cells &	Ethmoid cells ^ **And intake into** L1 ^^	Breath "to" Cochleas' outer hair cells to disperse to receiving destinations	As above

Note: Keep constant alignment of L5, McSs2, McSs1, MtSs1 (using YUOIEA, Mt3) and Day 3's Spinal Nerve.

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 | toward linea alba, 24-hour fiber progress down
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

^ and ^^ These are ^ the pressurizable, riftable "Inroad Channel" and ^^ the "Resulting Structure" of Part 2

***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 - 12:36a | Eye part 3 |	Suprarenal Gland	Duodenum	part 3	part 3	part 3	Nipples
12:36a - 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 CENTER is LOWER CANINE 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 CENTER is NASAL 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 CENTER is L2 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 Centers to approach optimal function, there can be no misalignment of their 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 middle nasal meatus to activate maxillary 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-12:36am >	Pt. 3 <hormone>	Suprarenal Gland	Duodenum	Part 3	Part 3	Part 3	nipples
12:36am-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 IX	Nerve L2	Part 6	Part 6	Part 6	vagina

8/29/2014 DAY 1 BOB-C above (LOWER CANINE) instigates alteration (itself altering thereby) to Lateral Sesamoid of Mt Ss 1 (by way of balanced, full MtSs1) through aegis of the Lateral Occipitotemporal Gyrus.

Associated bones/muscles are

(1) Nasal Bone - eye's dilator muscle

(2) Hyoid - transversus thoracis

(3) L2
superficial masseter

(4) Trapezium
opponens pollicis

(5) Rib 9
cricothyroid, straight part

(6) Cuneiform Medial
semitendinosus

8/30/2014 Day 2 Bob-C below was originated, & is altered, by Superior Nasal Concha's overseen Series of Soft Tissue Structure (by way of Ethmoid Cells) in conjunction with Cranial Nerve VII (Facial).

DAY 2 BOB-C > Associated bones/muscles are

(1) NASAL BONE - eye's sphincter muscle

(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-C below was originated, and is altered, by Ethmoid Cells.

(1) Nasal Bone - eye's orbitalis muscle

(2) Hyoid - transversus abdominus

(3) L2 > DAY 3 BOB-C
deep masseter

(4) Trapezium
opponens digiti minimi

(5) Rib 9
cricothyroid, oblique 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 ^	Lateral sesamoid of Mt Ss 1s^^ as well as Lateral occipitotemporal gyri^^;	Sup. lac. can. & Sup. sag. sinuses & 6 Exit correspondents* & Lower canines^ & Lateral sesamoid of MtSs1s^^ & Lat. occipitotemporal gyri ^^,	Lower canines ^ **And intake into** Lateral 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 Peyer's patches, aorta, pyloric gland + 3 others ^ (+ CN VII)	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 Ethmoid cells ^	As above but for L2 ^^; 6 Exit correspondents* & Ethmoid cells ^ & L2 ^^,	Eustacean t. & Cochleas' outer hair cells &	Ethmoid cells ^ **And intake into** L2 ^^	Breath "to" Cochleas' outer hair cells to disperse to receiving destinations	As above

Note: Keep constant alignment of L5, McSs2, McSs1, MtSs1 (using YUOIEA, Mt3) and Day 3's Spinal Nerve.

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**
superficial masseter - from maxilla under zygomatic bone to coronoid process & anterior ramus | in 24 hrs.
opponens pollicis - from flexor retinaculum/scaphoid/trapezium out & under to length of Mc 1 outer border
cricothyroid, straight part - from front of cricoid cartilage up to inside bottom border of thyroid cartilage
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 coronoid process spreading to all along side of head | 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 **v**
deep masseter - from zygomatic arch to down along anterior ramus of mandible | upward in 24 hours
opponens digiti minimi - from upper flexor retinaculum & hook of hamate up & under to lateral Mc 5
cricothyroid, oblique part - lateral from straight part (see above) to inner thyroid cartilage behind oblique line
semimembranosus - from ishial tuberosity lateral to semitendinosus to band at tibia's posterior medial top

^ and ^^ These are ^ the pressurizable, riftable "Inroad Channel" and ^^ the "Resulting Structure" of Part 2

***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 - 12:36a | Eye part 3 |	Suprarenal Gland	Duodenum	part 3	part 3	part 3		Nipples
12:36a - 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 IX	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 CENTER is UPPER LATERAL INCISOR 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 CENTER is FRONTAL 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 CENTER is L3 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 Centers to approach optimal function, there can be no misalignment of their 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	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 middle nasal meatus to activate maxillary 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-12:36am >	Pt. 3 <hormone>	Suprarenal Gland	Duodenum	Part 3	Part 3	Part 3	nipples
12:36am-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 X	Nerve L3	Part 6	Part 6	Part 6	vagina

9/1/2014 DAY 1 BOB-C above (UPPER LATERAL INCISOR) instigates alteration (itself altering thereby) to Lateral Sesamoid of Mt Ss 1 (by way of full Mt Ss 1) through aegis of the Medial Occipitotemporal Gyrus.

Associated bones/muscles are

(1) Frontal 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
psoas

9/2/2014 Day 2 Bob-C below was originated, and is altered, by L2 (by way of Ethmoid Cells) in conjunction with Cranial Nerve VIII (Vestibulocochlear).

DAY 2 BOB-C > (1) FRONTAL 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
quadratus lumborum

9/3/2014 Day 3 Bob-C below was originated, and is altered, by Ethmoid Cells.

(1) Frontal Bone - eye's orbitalis muscle

(2) Femur - serratus anterior, lower part

(3) L3 > DAY 3 BOB-C
antitragicus

(4) Mc PP3
flexor digiti minimi brevis

(5) T10
buccinator

(6) Mt PP3
iliacus

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^^; Lateral sesamoid of MtSs1s^^ & Med. 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 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 Ethmoid cells ^	As above but for L3 ^^; 6 Exit correspondents* & Ethmoid cells ^ & L3 ^^,	Eustacean t. & Cochleas' outer hair cells &	Ethmoid cells ^ **And intake into** L3 ^^	Breath "to" Cochleas' outer hair cells to disperse to receiving destinations	As above

Note: Keep constant alignment of L5, McSs2, McSs1, MtSs1 (using YUOIEA, Mt3) and Day 3's Spinal Nerve.

v = down arrow **Direction** of **Stretch** for **Muscles** on **Front** of **Page** (~ & mylohyoid raphes & tongue)

serratus anterior, upper part - from front bodies of ribs 2-1 to superior border and/or angle of scapula, fiber **v**
tragicus - from ear's lower notch toward upper notch progress upward thru 24 hours
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
psoas - from T12 and L1-L4 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**
helicis major - from along front of helix down to notch above the tragus inward in 24 hours
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(**~** above)
quadratus lumborum - from medial iliac crest up to medial 1/2 of 12th rib & lumbar transverse processes

serratus anterior, lower part -from front bodies of ribs 9-2 to front medial border and angles (tips) of scapula **v**
antitragicus - from ear's lower notch back along antihelix with fiber progress upward through 24 hours
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 **v**
iliacus - from anterior iliac crest down fossa to inner top of femur's lesser trochanter angles

^ and ^^ These are ^ the pressurizable, riftable "Inroad Channel" and ^^ the "Resulting Structure" of Part 2

***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 - 12:36a | Eye part 3 |	Suprarenal Gland	Duodenum	part 3	part 3	part 3	Nipples
12:36a - 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 X	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 CENTER is LOWER LATERAL INCISOR 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 CENTER is FRONTAL 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 CENTER is L4 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 Centers to approach optimal function, there can be no misalignment of their 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 middle nasal meatus to activate maxillary 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-12:36am >	Pt. 3 <hormone>	Suprarenal Gland	Duodenum	Part 3	Part 3	Part 3	nipples
12:36am-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-C above (LOWER LATERAL INCISOR) instigates alteration (itself altering thereby) to Lateral Sesamoid of Mt Ss 1 (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 medius

9/5/2014 Day 2 Bob-C below was originated, and is altered, by L2 (by way of Ethmoid Cells) in conjunction with Cranial Nerve VIII (Vestibulocochlear).

DAY 2 BOB-C > (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-C below was originated, and is altered, by Ethmoid Cells.

(1) Frontal Bone - eye's orbitalis muscle

(2) Tibia - serratus posterior inferior

(3) L4 > DAY 3 BOB-C
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 ^	Lateral sesamoid of Mt Ss 1s^^ as well as Parahippocampal gyri ^^;	Sup. lac. can. & Sup. sag. si. & 6 Exit correspondents* & Lower lateral incisors ^ & Lateral sesamoid of Mt Ss 1s ^^ & Parahippocampal gyri ^^,	Lower lateral incisors ^ **And intake into** Lateral 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 for Ethmoid cells ^	As above but for L4 ^^; 6 Exit correspondents* & Ethmoid cells ^ & L4 ^^,	Eustacean t. & Cochleas' outer hair cells &	Ethmoid cells **And intake into** L4 ^^	Breath "to" Cochleas' outer hair cells to disperse to receiving destinations	As above

Note: Keep constant alignment of L5, McSs2, McSs1, MtSs1 (using YUOIEA, Mt3) and Day 3's Spinal Nerve.

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

^ and ^^ These are ^ the pressurizable, riftable "Inroad Channel" and ^^ the "Resulting Structure" of Part 2

*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 - 12:36a | Eye part 3 |	Suprarenal Gland	Duodenum	part 3	part 3	part 3	Nipples
12:36a - 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 CENTER is UPPER 1st PRE-MOLAR 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 CENTER is NASAL 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 CENTER is MALLEUS with 3rd component of breath through Superior Nasal Meatus to activate Sphenoid Sinus thereby arranging SPINAL NERVE 13 (T9 Spinal Nerve) to continue proper gyrus function, muscles are as shown.

In order for the above described Bob Centers to approach optimal function, there can be no misalignment of their 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 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 superior nasal meatus to activate sphenoid sinus 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-12:36am >	Part 3<hormone>	Pancreas	Duodenum	Part 3	Part 3	Part 3	nipples
12:36am-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-C above (UPPER 1st PRE-MOLAR) instigates alteration (itself altering thereby) to the Temporal Bone's RNA-making Apparatus (by way of Mastoid Cells) through aegis of the Supra-marginal 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-C below was originated, & is altered, by Superior Nasal Concha's overseen Series of Soft Tissue Structure (by way of Ethmoid Cells) in conjunction with Cranial Nerve VII (Facial).

DAY 2 BOB-C >

Associated bones/muscles are

(1) NASAL BONE - eye's sphincter muscle

(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-C below instigates alteration (itself altering thereby) to the Nasal Bone's Spleen.

DAY 3 BOB-C >

(1) Nasal 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
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 Peyer's patches, aorta, pylor-ic gland + 3 others ^ (+ CN VII)	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	Superior nasal meatuses "to" Sphenoid sinuses,	As above but for the Mallei ^	As above but for the Nasal bone's spleen ^^;	Sphenoid sinuses & 6 Exit correspondents* & Mallei ^ & Nasal bone's spleen ^^,	Mallei ^ **And intake into** Nasal bone's spleen ^^	Breath "to" Sphenoid sinuses to disperse to receiving destinations	As above

Note: Keep constant alignment of L5, McSs2, McSs1, MtSs1 (using YUOIEA, Mt3) and Day 3's Spinal Nerve.

^ = 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 - from mandible's depression below incisive teeth (incisive fossa) slanting centrally toward chin's tip
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

^ and ^^ These are ^ the pressurizable, riftable "Inroad Channel" and ^^ the "Resulting Structure" of Part 2

***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 - 12:36a | Eye part 3 |	Pancreas	Duodenum	part 3	part 3	part 3	Nipples
12:36a - 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 CENTER is LOWER 1st PRE-MOLAR 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 CENTER is NASAL 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 CENTER is INCUS with 3rd component of breath through Superior Nasal Meatus to activate Sphenoid Sinus thereby arranging SPINAL NERVE 14 (T10 Spinal Nerve) to continue proper gyrus function, muscles are as shown.

In order for the above described Bob Centers to approach optimal function, there can be no misalignment of their 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 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 superior nasal meatus to activate sphenoid sinus 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-12:36am >	Part 3<hormone>	Pancreas	Duodenum	Part 3	Part 3	Part 3	nipples
12:36am-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 VII	Nerve T10	Part 6	Part 6	Part 6	vagina

9/10/2014 DAY 1 BOB-C above (LOWER 1st PRE-MOLAR) instigates alteration (itself altering thereby) to Temporal Bone's Protein-making Apparatus (by way of Mastoid Cells) through aegis of Superior Temporal Gyrus.

Associated bones/muscles are
(1) Nasal 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-C below was originated, & is altered, by Superior Nasal Concha's overseen Series of Soft Tissue Structure (by way of Ethmoid Cells) in conjunction with Cranial Nerve VII (Facial).

DAY 2 BOB-C > Associated bones/muscles are
(1) NASAL BONE - eye's sphincter muscle
(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-C below instigates alteration (itself altering thereby) to the Nasal Bone's Subclavian Artery.

DAY 3 BOB-C > (1) Nasal 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 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 Peyer's patches, aorta, pyloric gland + 3 others ^ (+ CN VII)	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	Superior nasal meatuses "to" Sphenoid sinuses,	As above but for the Incudes ^ subclavian arteries ^^; Nasal bone's subclavian arteries ^^;	As above but for the Nasal b.'s	Sphenoid sinuses & 6 Exit correspondents* & Incudes ^ &	Incudes ^ **& intake into** Nasal bone's subclavian arteries ^^	Breath "to" Sphenoid sinuses to disperse to receiving destinations	As above

Note: Keep constant alignment of L5, McSs2, McSs1, MtSs1 (using YUOIEA, Mt3) and Day 3's Spinal Nerve.

^ = 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

^ and ^^ These are ^ the pressurizable, riftable "Inroad Channel" and ^^ the "Resulting Structure" of Part 2

***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 - 12:36a | Eye part 3 |	Pancreas	Duodenum	part 3	part 3	part 3	Nipples
12:36a - 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 VII	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 CENTER is LACRIMAL BONE with breath through the 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 CENTER is FRONTAL 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 CENTER is UPPER HIP with 3rd component of breath through Superior Nasal Meatus to activate Sphenoid Sinus thereby arranging SPINAL NERVE 15 (T11 Spinal Nerve) to continue proper gyrus function, muscles are as shown.

In order for the above described Bob Centers to approach optimal function, there can be no misalignment of their 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 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 superior nasal meatus to activate sphenoid sinus 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-12:36am >	Part 3<hormone>	Pancreas	Duodenum	Part 3	Part 3	Part 3	nipples
12:36am-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 VIII	Nerve T11	Part 6	Part 6	Part 6	vagina

9/13/2014 DAY 1 BOB-C above (LACRIMAL BONE) was originated, and is altered, by the 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) Frontal 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-C below was originated, and is altered, by L2 (by way of Ethmoid Cells) in conjunction with Cranial Nerve VIII (Vestibulocochlear).

DAY 2 BOB-C >

(1) FRONTAL 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-C below instigates alteration (itself altering thereby) to the Nasal Bone's Pancreas.

DAY 3 BOB-C >

(1) Frontal 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
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,	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	Superior nasal meatuses "to" Sphenoid sinuses,	As above but for the Upper hip ^ bone's pancreas ^^; Upper hip ^ & Nasal bone's pancreas ^^,	As above but for the Nasal	Sphenoid sinuses & 6 Exit correspondents* &	Upper hip ^ **And intake into** Nasal bone's pancreas ^^	Breath "to" Sphenoid sinuses to disperse to receiving destinations	As above

Note: Keep constant alignment of L5, McSs2, McSs1, MtSs1 (using YUOIEA, Mt3) and Day 3's Spinal Nerve.

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

^ and ^^ These are ^ the pressurizable, riftable "Inroad Channel" and ^^ the "Resulting Structure" of Part 2

***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 - 12:36a | Eye part 3 |	Pancreas	Duodenum	part 3	part 3	part 3	Nipples
12:36a - 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 VIII	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 CENTER is MAXILLA BONE with breath through the 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 CENTER is FRONTAL 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 CENTER is PELVIC HIP with 3rd component of breath through Superior Nasal Meatus to activate Sphenoid Sinus thereby arranging SPINAL NERVE 16 (T12 Spinal Nerve) to continue proper gyrus function, muscles are as shown.

In order for the above described Bob Centers to approach optimal function, there can be no misalignment of their 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 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 superior nasal meatus to activate sphenoid sinus 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-12:36am >	Part 3<hormone>	Pancreas	Duodenum	Part 3	Part 3	Part 3	nipples
12:36am-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-C above (MAXILLA BONE) was originated, and is altered, by 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-C below was originated, and is altered, by L2 (by way of Ethmoid Cells) in conjunction with Cranial Nerve VIII (Vestibulocochlear).

DAY 2 BOB-C > Associated bones/muscles are
(1) FRONTAL BONE - eye's sphincter muscle
(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-C below instigates alteration (itself altering thereby) to the Nasal Bone's DNA-making Apparatus.

DAY 3 BOB-C >
(1) Frontal 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 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	Superior nasal meatuses "to" Sphenoid sinuses,	As above but for the Pelvic hip ^ DNA-making apparatus^^; Nasal bone's DNA-making apparatus ^^,	As above but for the Nasal b.'s	Sphenoid sinuses & 6 Exit correspondents* & Pelvic hip ^ &	Pelvic hip ^ **& intake into** Nasal bone's DNA-making apparatus ^^	Breath "to" Sphenoid sinuses to disperse to receiving destinations	As above

Note: Keep constant alignment of L5, McSs2, McSs1, MtSs1 (using YUOIEA, Mt3) and Day 3's Spinal Nerve.

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

^ and ^^ These are ^ the pressurizable, riftable "Inroad Channel" and ^^ the "Resulting Structure" of Part 2

***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 - 12:36a | Eye part 3 |	Pancreas	Duodenum	part 3	part 3	part 3	Nipples
12:36a - 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 CENTER is ETHMOID 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 CENTER is PARIETAL 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 CENTER is 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 Centers to approach optimal function, there can be no misalignment of their associated bone, muscle and organ structures. In the lower set of boxed columns below, preceeded 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 Eustacean tube to activate mastoid cells 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-12:36am >	Part 3<hormone>	Pineal Gland	Duodenum	Part 3	Part 3	Part 3	nipples
12:36am-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-C above (ETHMOID BONE brought forth in forming cerebrum) was originated, and is altered, by 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-C below was originated, and is altered, by Nasal Bone's overseen Series of Soft Tissue Structure (by way of Tympanic Cells) in conjunction with Cranial Nerve IX (Glossopharyngeal).

DAY 2 BOB-C > (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-C below was originated, and is altered, by the 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-C
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,	Long gyri ^ (+ S3)	Ethmoid bone ^^ (+ cerebrum);	Sup.lac.can. & Sig./trans. sinuses & 6 Exit correspondents* & Long gyri ^ (+ S3) & Ethmoid bone ^^ (+ cerebrum),	Long gyri ^ (+ S3) **And intake into** Ethmoid bone ^^ (+ cerebrum)	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 Spleen, subclavian artery, pancreas + 3 others ^ (+ CN IX)	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: Keep constant alignment of L5, McSs2, McSs1, MtSs1 (using YUOIEA, Mt3) and Day 3's Spinal Nerve.

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.

^ and ^^ These are ^ the pressurizable, riftable "Inroad Channel" and ^^ the "Resulting Structure" of Part 2

*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 - 12:36a | Eye part 3 |	Pineal Gland	Duodenum	part 3	part 3	part 3	Nipples
12:36a - 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 CENTER is 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 CENTER is PARIETAL 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 CENTER is 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 Centers to approach optimal function, there can be no misalignment of their associated bone, muscle and organ structures. In the lower set of boxed columns below, preceeded 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 Eustacean tube to activate mastoid cells 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-12:36am >	Part 3<hormone>	Pineal Gland	Duodenum	Part 3	Part 3	Part 3	nipples
12:36am-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 I	Nerve C6	Part 6	Part 6	Part 6	vagina

9/22/2014 DAY 1 BOB-C above (SPHENOID BONE brought forth in forming cerebellum) was originated, and is altered, by C5 (by way of ingress of outside environment) through aegis of the Short Gyrus.

Associated bones/muscles are

(1) Parietal 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

9/23/2014 Day 2 Bob-C below was originated, and is altered, by Nasal Bone's overseen Series of Soft Tissue Structure (by way of Tympanic Cells) in conjunction with Cranial Nerve IX (Glossopharyngeal).

DAY 2 BOB-C > Associated bones/muscles are

(1) PARIETAL 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

9/24/2014 Day 3 Bob-C below was originated, and is altered, by the Upper 2nd Pre-molar.

(1) Parietal Bone - eye's orbitalis muscle

(2) Sternum - uterus/scrotum, radial fibers

(3) C2 uterus/scrotum, radial fibers

(4) MC 2 > DAY 3 BOB-C 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,	Short gyri ^ (+ C5)	Sphenoid bone ^^ (+ cerebellum);	Sup.lac.can. & Sig./ trans. sinuses & 6 Exit correspondents* & Short gyri ^ (+ C5) & Sphenoid bone ^^ (+ cerebellum),	Short gyri ^ (+ C5) **And intake into** Sphenoid bone ^^ (+ cerebellum)	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 Spleen, subclavian artery, pancreas + 3 others ^ (+ CN IX)	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 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.

^ and ^^ These are ^ the pressurizable, riftable "Inroad Channel" and ^^ the "Resulting Structure" of Part 2

***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 - 12:36a | Eye part 3 |	Pineal Gland	Duodenum	part 3	part 3	part 3	Nipples
12:36a - 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 I	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 CENTER is MAXILLA ALVEOLAR PROCESS 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 CENTER is OCCIPITAL 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 CENTER is 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 Centers to approach optimal function, there can be no misalignment of their associated bone, muscle and organ structures. In the lower set of boxed columns below, preceeded 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 Eustacean tube to activate mastoid cells 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-12:36am >	Part 3<hormone>	Pineal Gland	Duodenum	Part 3	Part 3	Part 3	nipples
12:36am-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 II	Nerve C7	Part 6	Part 6	Part 6	vagina

9/25/2014 DAY 1 BOB-C above (MAXILLA ALVEOLAR PROCESS) instigates alteration (itself altering) to Vomer Bone's RNA-making Apparatus (by way of Frontal Sinus) thru aegis of the Dentate Gyrus.

Associated bones/muscles are

(1) Occipital 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-C below was originated, and is altered, by L3 (by way of Tympanic Cells) in conjunction with Cranial Nerve X (Vagus).

DAY 2 BOB-C > Associated bones/muscles are

(1) OCCIPITAL BONE - eye's sphincter muscle

(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-C below was originated, and is altered, by the Tibia.

(1) Occipital 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-C
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,	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 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: Keep constant alignment of L5, McSs2, McSs1, MtSs1 (using YUOIEA, Mt3) and Day 3's Spinal Nerve.

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.

^ and ^^ These are ^ the pressurizable, riftable "Inroad Channel" and ^^ the "Resulting Structure" of Part 2

*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 - 12:36a | Eye part 3 |	Pineal Gland	Duodenum	part 3	part 3	part 3	Nipples
12:36a - 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 II	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 CENTER is MANDIBLE ALVEOLAR PROCESS 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 CENTER is OCCIPITAL 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 CENTER is 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 Centers to approach optimal function, there can be no misalignment of their associated bone, muscle and organ structures. In the lower set of boxed columns below, preceeded 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 Eustacean tube to activate mastoid cells 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-12:36am >	Part 3<hormone>	Pineal Gland	Duodenum	Part 3	Part 3	Part 3	nipples
12:36am-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-C above (MANDIBLE ALVEOLAR PROCESS) instigates alteration (itself altering thereby) to Vomer Bone's Protein-making Apparatus (by way of Frontal Sinus) thru aegis of 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-C below was originated, and is altered, by L3 (by way of Tympanic Cells) in conjunction with Cranial Nerve X (Vagus).

DAY 2 BOB-C > (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-C below was originated, and is altered, by 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-C - 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 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: Keep constant alignment of L5, McSs2, McSs1, MtSs1 (using YUOIEA, Mt3) and Day 3's Spinal Nerve.

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.

^ and ^^ These are ^ the pressurizable, riftable "Inroad Channel" and ^^ the "Resulting Structure" of Part 2

*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 - 12:36a | Eye part 3 |	Pineal Gland	Duodenum	part 3	part 3	part 3	Nipples
12:36a - 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 CENTER is UPPER WISDOM TOOTH 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 CENTER is PARIETAL 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 CENTER is 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 Centers to approach optimal function, there can be no misalignment of their associated bone, muscle and organ structures. In the lower set of boxed columns below, preceeded 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 tympanic 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-12:36am >	Part 3<hormone>	Thyroid Gland	Duodenum	Part 3	Part 3	Part 3	nipples
12:36am-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-C above (UPPER WISDOM TOOTH) instigates alteration (itself altering thereby) to the Inferior Nasal Concha's RNA-making Apparatus (by way of Maxillary Sinus) through aegis of the Straight Gyrus.

Associated bones/muscles are (1) Parietal Bone - eye's dilator muscle
(2) Scapula - platysma

(3) S4
thyroepiglottic

(4) Mc MP5
deltoid, back part

(5) T3
rotatores brevis

(6) Mt MP5
inferior gemellus

10/2/2014 Day 2 Bob-C below was originated, and is altered, by Nasal Bone's overseen Series of Soft Tissue Structure (by way of Tympanic Cells) in conjunction with Cranial Nerve IX (Glossopharyngeal).

DAY 2 BOB-C > (1) PARIETAL BONE - eye's sphincter muscle
Associated bones/muscles are (2) Scapula - hair follicle muscles

(3) S4
inferior oblique of eye

(4) Mc MP5
deltoid, middle part

(5) T3
multifidi

(6) Mt MP5
obturator externus

10/3/2014 Day 3 Bob-C below was originated, and is altered, by the Hyoid.

(1) Parietal Bone - eye's orbitalis muscle
(2) Scapula - temporoparietalis

(3) S4
aryepiglottic

(4) MC MP5 > DAY 3 BOB-C
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,	As above but for Spleen, subclavian artery, pancreas + 3 others ^ (+ CN IX)	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: Keep constant alignment of L5, McSs2, McSs1, MtSs1 (using YUOIEA, Mt3) and Day 3's Spinal Nerve.

~ = 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 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

^ and ^^ These are ^ the pressurizable, riftable "Inroad Channel" and ^^ the "Resulting Structure" of Part 2

***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 - 12:36a | Eye part 3 |	Thyroid gland	Duodenum	part 3	part 3	part 3	Nipples
12:36a - 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 CENTER is LOWER WISDOM TOOTH 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 CENTER is PARIETAL 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 CENTER is 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 Centers to approach optimal function, there can be no misalignment of their associated bone, muscle and organ structures. In the lower set of boxed columns below, preceeded 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 tympanic 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-12:36am >	Part 3<hormone>	Thyroid Gland	Duodenum	Part 3	Part 3	Part 3	nipples
12:36am-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 III	Nerve T2	Part 6	Part 6	Part 6	vagina

10/4/2014 DAY 1 BOB-C above (LOWER WISDOM TOOTH) instigates alteration (itself altering thereby) to the Inferior Nasal Concha's Protein-making Apparatus (by way of Maxillary Sinus) thru aegis of Subcallosal Gyrus.

Associated bones/muscles are

(1) Parietal Bone - eye's dilator muscle

(2) Humerus - levator costae brevis

(3) S5
transverse 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-C below was originated, and is altered, by Nasal Bone's overseen Series of Soft Tissue Structure (by way of Tympanic Cells) in conjunction with Cranial Nerve IX (Glossopharyngeal).

DAY 2 BOB-C >

Associated bones/muscles are

(1) PARIETAL BONE - eye's sphincter muscle

(2) Humerus - circulatory system muscles

(3) S5
accessory muscle bundle

(4) Mc MP2
palmaris longus

(5) Rib 3
intertransversarii, lumber medial & thoracis

(6) Mt MP2
obturator internus

10/6/2014 Day 3 Bob-C below was originated, and is altered, by the Stapes.

(1) Parietal Bone - eye's orbitalis muscle

(2) Humerus - levator costae longus

(3) S5
oblique arytenoid

(4) MC MP2 > DAY 3 BOB-C
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 Spleen, subclavian artery, pancreas + 3 others ^ (+ CN IX)	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 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: Keep constant alignment of L5, McSs2, McSs1, MtSs1 (using YUOIEA, Mt3) and Day 3's Spinal Nerve.

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
transverse arytenoid - from arytenoid cartilage straight across to opposite 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, lumbar medial & thoracis - 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
oblique arytenoid - up from base of arytenoid cartilage to apex of opposite arytenoid 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

^ and ^^ These are ^ the pressurizable, riftable "Inroad Channel" and ^^ the "Resulting Structure" of Part 2

***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 - 12:36a | Eye part 3 |	Thyroid gland	Duodenum	part 3	part 3	part 3	Nipples
12:36a - 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 III	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 CENTER is UPPER 2nd MOLAR 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 CENTER is OCCIPITAL 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 CENTER is 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 Centers to approach optimal function, there can be no misalignment of their associated bone, muscle and organ structures. In the lower set of boxed columns below, preceeded 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 tympanic 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-12:36am >	Part 3<hormone>	Thyroid Gland	Duodenum	Part 3	Part 3	Part 3	nipples
12:36am-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 IV	Nerve T3	Part 6	Part 6	Part 6	vagina

10/7/2014 DAY 1 BOB-C above (UPPER 2nd MOLAR) instigates alteration (itself altering thereby) to the Superior Nasal Concha's RNA-making Apparatus (by way of Sphenoid Sinus) through aegis of the Cingulate Gyrus.

Associated bones/muscles are

(1) Occipital Bone - eye's dilator muscle

(2) Radius - heart, anterior pectinate

(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-C below was originated, and is altered, by L3 (by way of Tympanic Cells) in conjunction with Cranial Nerve X (Vagus).

DAY 2 BOB-C >

(1) OCCIPITAL BONE - eye's sphincter muscle

Associated bones/muscles are

(2) Radius - heart, septal pectinate

(3) S3
superior oblique of eye

(4) Mc DP5
brachioradialis

(5) T4
salpingopharyngeus

(6) Mt DP5
gracilis

10/9/2014 Day 3 Bob-C below was originated, and is altered, by RLS 10".

(1) Occipital Bone - eye's orbitalis muscle

(2) Radius - heart, posterior pectinate

(3) S3
posterior cricoarytenoid

(4) MC DP5 > DAY 3 BOB-C
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,	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 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: Keep constant alignment of L5, McSs2, McSs1, MtSs1 (using YUOIEA, Mt3) and Day 3's Spinal Nerve.

v / **^** = down / up arrows **Direction** of **Stretch** for **Muscles** on **Front** of **Page**

heart, anterior pectinate - sense of from along anterior medial wall toward base of anterior papillary 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 pectinate - sense of from base of septal papillary muscle to central/upper posterior wall
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 pectinate - sense of from along lower posterior heart wall to base of posterior papillary 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

^ and ^^ These are ^ the pressurizable, riftable "Inroad Channel" and ^^ the "Resulting Structure" of Part 2

***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 - 12:36a | Eye part 3 |	Thyroid gland	Duodenum	part 3	part 3	part 3	Nipples
12:36a - 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 IV	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 CENTER is LOWER 2nd MOLAR 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 CENTER is OCCIPITAL 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 CENTER is 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 Centers to approach optimal function, there can be no misalignment of their associated bone, muscle and organ structures. In the lower set of boxed columns below, preceeded 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 tympanic 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-12:36am >	Part 3<hormone>	Thyroid Gland	Duodenum	Part 3	Part 3	Part 3	nipples
12:36am-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-C above (LOWER 2nd MOLAR) instigates alteration (itself altering thereby) to Superior Nasal Concha's Protein-making Apparatus (by way of Sphenoid Sinus) through aegis of the Lingual Gyrus.

Associated bones/muscles are (1) Occipital Bone - eye's dilator muscle
(2) Ulna - heart, anterior papillary

(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-C below was originated, and is altered, by L3 (by way of Tympanic Cells) in conjunction with Cranial Nerve X (Vagus).

DAY 2 BOB-C > (1) OCCIPITAL BONE - eye's sphincter muscle
Associated bones/muscles are (2) Ulna - heart, septal papillary

(3) C5
oblique thyroarytenoid

(4) Mc DP2
extensor indicis

(5) Rib 4
uvula

(6) Mt DP2
popliteus

10/12/2014 Day 3 Bob-C below was originated, and is altered, by LLS 10".

(1) Occipital Bone - eye's orbitalis muscle
(2) Ulna - heart, posterior papillary

(3) C5
thyroarytenoid

(4) MC DP2 > DAY 3 BOB-C
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: Keep constant alignment of L5, McSs2, McSs1, MtSs1 (using YUOIEA, Mt3) and Day 3's Spinal Nerve.

^ = up arrow **Direction** of **Stretch** for **Muscles** on **Front** of **Page**

heart, anterior papillary - from anterior pectinate muscle in toward anterior mitral or tricuspid valves' cusps
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 papillary - from septal mitral or tricuspid valves' cusps to septal pectinate muscle | 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 papillary - from posterior pectinate muscle in toward posterior mitral or tricuspid valves' cusps
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

^ and ^^ These are ^ the pressurizable, riftable "Inroad Channel" and ^^ the "Resulting Structure" of Part 2

***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 - 12:36a | Eye part 3 |	Thyroid gland	Duodenum	part 3	part 3	part 3	Nipples
12:36a - 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 CENTER is UPPER 1st MOLAR 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 CENTER is PARIETAL 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 CENTER is 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 Centers to approach optimal function, there can be no misalignment of their 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 nasal meatuses to activate ethmoid cells 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-12:36am >	Part 3<hormone>	Pyloric Gland	Duodenum	Part 3	Part 3	Part 3	nipples
12:36am-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-C above (UPPER 1st MOLAR) instigates alteration (itself altering thereby) to Nasal Bone's RNA-making Apparatus (by way of Ethmoid Cells) 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-C below was originated, and is altered, by Nasal Bone's overseen Series of Soft Tissue Structure (by way of Tympanic Cells) in conjunction with Cranial Nerve IX (Glossopharyngeal).

DAY 2 BOB-C > (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 cervicis & capitis

(6) Mt 4
abductor hallucis

10/15/2014 Day 3 Bob-C below was originated, and is altered, by RLS 9".

(1) Parietal Bone - eye's orbitalis muscle
(2) Triquetrum - esophagus, muscularis mucosa

(3) S2
nasalis, transverse part

(4) MC 4 > DAY 3 BOB-C
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 ^ (+ CN IX)	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 9" ^	As above but for Mc 4s ^^; RLS 9" ^ & Mc 4s ^^,	Inf. nas. m. & RLS 2 & 6 Exit correspondents* &	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 cervicis & capitis - 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

^ and ^^ These are ^ the pressurizable, riftable "Inroad Channel" and ^^ the "Resulting Structure" of Part 2

***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 - 12:36a | Eye part 3 |	Pyloric gland	Duodenum	part 3	part 3	part 3	Nipples
12:36a - 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 CENTER is LOWER 1st MOLAR 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 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 CENTER is PARIETAL 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 CENTER is SCAPHOID 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 Centers to approach optimal function, there can be no misalignment of their 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 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 nasal meatuses to activate ethmoid cells 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-12:36am >	Part 3<hormone>	Pyloric Gland	Duodenum	Part 3	Part 3	Part 3	nipples
12:36am-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 V	Nerve T6	Part 6	Part 6	Part 6	vagina

10/16/2014 DAY 1 BOB-C above (LOWER 1st MOLAR) instigates alteration (itself altering thereby) to Nasal Bone's Protein-making Apparatus (by way of Ethmoid Cells) thru aegis of Inferior Frontal Gyrus, Orbital Part.

Associated bones/muscles are (1) Parietal 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-C below was originated, and is altered, by Nasal Bone's overseen Series of Soft Tissue Structure (by way of Tympanic Cells) in conjunction with Cranial Nerve IX (Glossopharyngeal).

DAY 2 BOB-C > (1) PARIETAL 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-C below was originated, and is altered, by LLS 9".

(1) Parietal Bone - eye's orbitalis muscle
(2) Pisiform - stomach, inner oblique layer

(3) C6
orbicularis oculi, orbital part

(4) SCAPHOID > DAY 3 BOB-C
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, orbital part ^^;	Sup.lac.can. & Sup. petrosal sinuses & 6 Exit correspondents* & Lower 1st molars^ & Inferior frontal gyri, orbital part ^^,	Lower 1st 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 Spleen, subclavian artery, pancreas + 3 others ^ (+ CN IX)	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 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

^ and ^^ These are ^ the pressurizable, riftable "Inroad Channel" and ^^ the "Resulting Structure" of Part 2

***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 - 12:36a | Eye part 3 |	Pyloric gland	Duodenum	part 3	part 3	part 3	Nipples
12:36a - 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 V	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 CENTER is UPPER 2nd PRE-MOLAR 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 CENTER is OCCIPITAL 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 CENTER is 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 Centers to approach optimal function, there can be no misalignment of their 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 nasal meatuses to activate ethmoid cells 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-12:36am >	Part 3<hormone>	Pyloric Gland	Duodenum	Part 3	Part 3	Part 3	nipples
12:36am-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 VI	Nerve T7	Part 6	Part 6	Part 6	vagina

10/19/2014 DAY 1 BOB-C above (UPPER 2nd PRE-MOLAR) instigates alteration (itself altering) to the Parietal Bone's RNA-making Apparatus (by way of Tympanic Cells) thru aegis of Inferior Frontal Gyrus, Triangular Part.

Associated bones/muscles are (1) Occipital 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-C below was originated, and is altered, by L3 (by way of Tympanic Cells) in conjunction with Cranial Nerve X (Vagus).

DAY 2 BOB-C > (1) OCCIPITAL 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-C below was originated, and is altered, by RLS 8".

(1) Occipital Bone - eye's orbitalis muscle
(2) Hook of Hamate - small intestine, muscularis mucosa

(3) S1
risorius

(4) MC PP4 > DAY 3 BOB-C
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 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 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: Keep constant alignment of L5, McSs2, McSs1, MtSs1 (using YUOIEA, Mt3) and Day 3's Spinal Nerve.

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

^ and ^^ These are ^ the pressurizable, riftable "Inroad Channel" and ^^ the "Resulting Structure" of Part 2

***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 - 12:36a | Eye part 3 |	Pyloric gland	Duodenum	part 3	part 3	part 3	Nipples
12:36a - 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 VI	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 CENTER is LOWER 2nd PRE-MOLAR 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 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 CENTER is OCCIPITAL 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 CENTER is TRAPEZOID 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 Centers to approach optimal function, there can be no misalignment of their 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 Trapezoid 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 nasal meatuses to activate ethmoid cells 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-12:36am >	Part 3<hormone>	Pyloric Gland	Duodenum	Part 3	Part 3	Part 3	nipples
12:36am-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-C above (LOWER 2nd PRE-MOLAR) instigates alteration (itself altering) to the Parietal Bone's Protein-making Apparatus (by way of Tympanic Cells) through aegis of Inferior Frontal Gyrus, Opercular 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-C below was originated, and is altered, by L3 (by way of Tympanic Cells) in conjunction with Cranial Nerve X (Vagus).

DAY 2 BOB-C > (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-C below was originated, and is altered, by 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-C
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, opercular part ^^; & Inferior frontal gyri, opercular part ^^,	Sup.lac.can. & Sup. petrosal sinuses & 6 Exit correspondents* & Lower 2nd pre-molars ^	Lowee 2nd pre-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 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: Keep constant alignment of L5, McSs2, McSs1, MtSs1 (using YUOIEA, Mt3) and Day 3's Spinal Nerve.

^/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

^ and ^^ These are ^ the pressurizable, riftable "Inroad Channel" and ^^ the "Resulting Structure" of Part 2

***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 - 12:36a | Eye part 3 |	Pyloric gland	Duodenum	part 3	part 3	part 3	Nipples
12:36a - 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 CENTER is UPPER 1st PRE-MOLAR 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 CENTER is PARIETAL 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 CENTER is 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 Centers to approach optimal function, there can be no misalignment of their 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 superior nasal meatus to activate sphenoid sinus 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-12:36am >	Part 3<hormone>	Pancreas	Duodenum	Part 3	Part 3	Part 3	nipples
12:36am-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-C above (UPPER 1st PRE-MOLAR) instigates alteration (itself altering thereby) to the Temporal Bone's RNA-making Apparatus (by way of Mastoid Cells) through aegis of the Supra-marginal 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-C below was originated, and is altered, by Nasal Bone's overseen Series of Soft Tissue Structure (by way of Tympanic Cells) in conjunction with Cranial Nerve IX (Glossopharyngeal).

DAY 2 BOB-C > (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-C below was originated, and is altered, by 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-C
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,	As above but for Spleen, subclavian artery, pancreas + 3 others ^ (+ CN IX)	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: Keep constant alignment of L5, McSs2, McSs1, MtSs1 (using YUOIEA, Mt3) and Day 3's Spinal Nerve.

^ = 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 - from mandible's depression below incisive teeth (incisive fossa) slanting centrally toward chin's tip

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

^ and ^^ These are ^ the pressurizable, riftable "Inroad Channel" and ^^ the "Resulting Structure" of Part 2

***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 - 12:36a | Eye part 3 |	Pancreas	Duodenum	part 3	part 3	part 3	Nipples
12:36a - 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 CENTER is LOWER 1st PRE-MOLAR 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 CENTER is PARIETAL 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 CENTER is 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 Centers to approach optimal function, there can be no misalignment of their 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 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 superior nasal meatus to activate sphenoid sinus 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-12:36am >	Part 3<hormone>	Pancreas	Duodenum	Part 3	Part 3	Part 3	nipples
12:36am-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 VII	Nerve T10	Part 6	Part 6	Part 6	vagina

10/28/2014 DAY 1 BOB-C above (LOWER 1st PRE-MOLAR) instigates alteration (itself altering thereby) to Temporal Bone's Protein-making Apparatus (by way of Mastoid Cells) through aegis of Superior Temporal Gyrus.

Associated bones/muscles are (1) Parietal 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-C below was originated, and is altered, by Nasal Bone's overseen Series of Soft Tissue Structure (by way of Tympanic Cells) in conjunction with Cranial Nerve IX (Glossopharyngeal).

DAY 2 BOB-C > (1) PARIETAL 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-C below was originated, and is altered, by RLS 6".

(1) Parietal Bone - eye's orbitalis muscle
(2) Incus - rectum, muscularis mucosa

(3) Cx 2
auricularis posterior

(4) CAPITATE > DAY 3 BOB-C
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 Spleen, subclavian artery, pancreas + 3 others ^ (+ CN IX)	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 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: Keep constant alignment of L5, McSs2, McSs1, MtSs1 (using YUOIEA, Mt3) and Day 3's Spinal Nerve.

^ = 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

^ and ^^ These are ^ the pressurizable, riftable "Inroad Channel" and ^^ the "Resulting Structure" of Part 2

***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 - 12:36a | Eye part 3 |	Pancreas	Duodenum	part 3	part 3	part 3	Nipples
12:36a - 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 VII	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 CENTER is LACRIMAL BONE with breath through the 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 CENTER is OCCIPITAL 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 CENTER is 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 Centers to approach optimal function, there can be no misalignment of their 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 superior nasal meatus to activate sphenoid sinus 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-12:36am >	Part 3<hormone>	Pancreas	Duodenum	Part 3	Part 3	Part 3	nipples
12:36am-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 VIII	Nerve T11	Part 6	Part 6	Part 6	vagina

10/31/2014 DAY 1 BOB-C above (LACRIMAL BONE) was originated, and is altered, by the 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) Occipital 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-C below was originated, and is altered, by L3 (by way of Tympanic Cells) in conjunction with Cranial Nerve X (Vagus).

DAY 2 BOB-C >

(1) OCCIPITAL 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-C below was originated, and is altered, by LLS 6".

(1) Occipital Bone - eye's orbitalis muscle

(2) Upper Hip - anal canal, muscularis mucosa

(3) Cx 3
depressor labii inferioris

(4) MC DP4 > DAY 3 BOB-C
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,	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 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: Keep constant alignment of L5, McSs2, McSs1, MtSs1 (using YUOIEA, Mt3) and Day 3's Spinal Nerve.

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

^ and ^^ These are ^ the pressurizable, riftable "Inroad Channel" and ^^ the "Resulting Structure" of Part 2

***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 - 12:36a | Eye part 3 |	Pancreas	Duodenum	part 3	part 3	part 3	Nipples
12:36a - 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 VIII	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 CENTER is MAXILLA BONE with breath through the 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 CENTER is OCCIPITAL 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 CENTER is 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 Centers to approach optimal function, there can be no misalignment of their 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 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 superior nasal meatus to activate sphenoid sinus 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-12:36am >	Part 3<hormone>	Pancreas	Duodenum	Part 3	Part 3	Part 3	nipples
12:36am-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-C above (MAXILLA BONE) was originated, and is altered, by 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-C below was originated, and is altered, by L3 (by way of Tympanic Cells) in conjunction with Cranial Nerve X (Vagus).

DAY 2 BOB-C > Associated bones/muscles are

(1) OCCIPITAL BONE - eye's sphincter muscle

(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-C below was originated, and is altered, by 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-C
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 ^^,	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 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: Keep constant alignment of L5, McSs2, McSs1, MtSs1 (using YUOIEA, Mt3) and Day 3's Spinal Nerve.

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

^ and ^^ These are ^ the pressurizable, riftable "Inroad Channel" and ^^ the "Resulting Structure" of Part 2

***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 - 12:36a | Eye part 3 |	Pancreas	Duodenum	part 3	part 3	part 3	Nipples
12:36a - 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 CENTER is UPPER CANINE with breath through the 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 CENTER is PARIETAL 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 CENTER is 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 Centers to approach optimal function, there can be no misalignment of their 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 middle nasal meatus to activate maxillary 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-12:36am >	Pt. 3<hormone>	Suprarenal Gland	Duodenum	Part 3	Part 3	Part 3	nipples
12:36am-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-C above (UPPER CANINE) instigates alteration (itself altering thereby) to Lateral Sesamoid of Mt Ss 1 (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-C below was originated, and is altered, by Nasal Bone's overseen Series of Soft Tissue Structure (by way of Tympanic Cells) in conjunction with Cranial Nerve IX (Glossopharyngeal).

DAY 2 BOB-C > (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-C below was originated, and is altered, by LLS 5".

(1) Parietal Bone - eye's orbitalis muscle

(2) Stapes - external oblique abdominus

(3) L1
zygomaticus major

(4) MC 3 > DAY 3 BOB-C
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,	As above but for the Spleen, subclavian artery, pancreas + 3 others ^ (+ CN IX)	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: Keep constant alignment of L5, McSs2, McSs1, MtSs1 (using YUOIEA, Mt3) and Day 3's Spinal Nerve.

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 | toward linea alba, 24-hour fiber progress down
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

^ and ^^ These are ^ the pressurizable, riftable "Inroad Channel" and ^^ the "Resulting Structure" of Part 2

***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 - 12:36a | Eye part 3 |	Suprarenal Gland	Duodenum	part 3	part 3	part 3	Nipples
12:36a - 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 CENTER is LOWER CANINE 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 CENTER is PARIETAL 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 CENTER is 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 Centers to approach optimal function, there can be no misalignment of their 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 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 middle nasal meatus to activate maxillary 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-12:36am >	Pt. 3<hormone>	Suprarenal Gland	Duodenum	Part 3	Part 3	Part 3	nipples
12:36am-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 IX	Nerve L2	Part 6	Part 6	Part 6	vagina

11/9/2014 DAY 1 BOB-C above (LOWER CANINE) instigates alteration (itself altering thereby) to Lateral Sesamoid of Mt Ss 1 (by way of balanced, full MtSs1) through aegis of the Lateral Occipitotemporal Gyrus.

Associated bones/muscles are (1) Parietal Bone - eye's dilator muscle
(2) Hyoid - transversus thoracis
(3) L2 superficial masseter
(4) Trapezium opponens pollicis
(5) Rib 9 cricothyroid, straight part
(6) Cuneiform Medial semitendinosus

11/10/2014 Day 2 Bob-C below was originated, and is altered, by Nasal Bone's overseen Series of Soft Tissue Structure (by way of Tympanic Cells) in conjunction with Cranial Nerve IX (Glossopharyngeal).

DAY 2 BOB-C > (1) PARIETAL 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-C below was originated, and is altered, by RLS 4".

(1) Parietal Bone - eye's orbitalis muscle
(2) Hyoid - transversus abdominus
(3) L2 deep masseter
(4) TRAPEZIUM > DAY 3 BOB-C opponens digiti minimi
(5) Rib 9 cricothyroid, oblique 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 ^	Lateral sesamoid of Mt Ss 1s^^ as well as Lateral occipitotemporal gyri^^;	Sup. lac. can. & Sup. sag. sinuses & 6 Exit correspondents* & Lower canines^ & Lateral sesamoid of MtSs1s^^ & Lat. occipitotemporal gyri^^,	Lower canines ^ **And intake into** Lateral 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 the Spleen, subclavian artery, pancreas + 3 others ^ (+ CN IX)	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 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: Keep constant alignment of L5, McSs2, McSs1, MtSs1 (using YUOIEA, Mt3) and Day 3's Spinal Nerve.

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**
superficial masseter - from maxilla under zygomatic bone to coronoid process & anterior ramus | in 24 hrs.
opponens pollicis - from flexor retinaculum/scaphoid/trapezium out & under to length of Mc 1 outer border
cricothyroid, straight part - from front of cricoid cartilage up to inside bottom border of thyroid cartilage
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 coronoid process spreading to all along side of head | 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 **v**
deep masseter - from zygomatic arch to down along anterior ramus of mandible | upward in 24 hours
opponens digiti minimi - from upper flexor retinaculum & hook of hamate up & under to lateral Mc 5
cricothyroid, oblique part - lateral from straight part (see above) to inner thyroid cartilage behind oblique line
semimembranosus - from ishial tuberosity lateral to semitendinosus to band at tibia's posterior medial top

^ and ^^ These are ^ the pressurizable, riftable "Inroad Channel" and ^^ the "Resulting Structure" of Part 2

***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 - 12:36a | Eye part 3 |	Suprarenal Gland	Duodenum	part 3	part 3	part 3	Nipples
12:36a - 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 IX	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 CENTER is UPPER LATERAL INCISOR 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 CENTER is OCCIPITAL 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 CENTER is 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 Centers to approach optimal function, there can be no misalignment of their 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 middle nasal meatus to activate maxillary 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-12:36am >	Pt. 3<hormone>	Suprarenal Gland	Duodenum	Part 3	Part 3	Part 3	nipples
12:36am-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 X	Nerve L3	Part 6	Part 6	Part 6	vagina

11/12/2014 DAY 1 BOB-C above (UPPER LATERAL INCISOR) instigates alteration (itself altering thereby) to Lateral Sesamoid of Mt Ss 1 (by way of full Mt Ss 1) thru aegis of the Medial Occipitotemporal Gyrus.

Associated bones/muscles are (1) Occipital 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
psoas

11/13/2014 Day 2 Bob-C below was originated, and is altered, by L3 (by way of Tympanic Cells) in conjunction with Cranial Nerve X (Vagus).

DAY 2 BOB-C > (1) OCCIPITAL 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
quadratus lumborum

11/14/2014 Day 3 Bob-C below was originated, and is altered, by LLS 4".

(1) Occipital Bone - eye's orbitalis muscle
(2) Femur - serratus anterior, lower part

(3) L3
antitragicus

(4) MC PP3 > DAY 3 BOB-C
flexor digiti minimi brevis

(5) T10
buccinator

(6) Mt PP3
iliacus

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^^; Lateral sesamoid of MtSs1s^^ & Med. 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 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 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: Keep constant alignment of L5, McSs2, McSs1, MtSs1 (using YUOIEA, Mt3) and Day 3's Spinal Nerve.

v = down arrow **Direction** of **Stretch** for **Muscles** on **Front** of **Page** (~ & mylohyoid raphes & tongue)

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
psoas - from T12 and L1-L4 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(~ above)
quadratus lumborum - from medial iliac crest up to medial 1/2 of 12th rib & lumbar transverse processes

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 **v** angles
iliacus - from anterior iliac crest down fossa to inner top of femur's lesser trochanter

^ and ^^ These are ^ the pressurizable, riftable "Inroad Channel" and ^^ the "Resulting Structure" of Part 2

***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 - 12:36a | Eye part 3 |	Suprarenal Gland	Duodenum	part 3	part 3	part 3	Nipples
12:36a - 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 X	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 CENTER is LOWER LATERAL INCISOR 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 CENTER is OCCIPITAL 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 CENTER is 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 Centers to approach optimal function, there can be no misalignment of their 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 middle nasal meatus to activate maxillary 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-12:36am >	Pt. 3<hormone>	Suprarenal Gland	Duodenum	Part 3	Part 3	Part 3	nipples
12:36am-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-C above (LOWER LATERAL INCISOR) instigates alteration (itself altering thereby) to Lateral Sesamoid of Mt Ss 1 (by way of balanced full Mt Ss 1) thru 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-C below was originated, and is altered, by L3 (by way of Tympanic Cells) in conjunction with Cranial Nerve X (Vagus).

DAY 2 BOB-C > (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-C below was originated, and is altered, by RLS 3".

(1) Occipital Bone - eye's orbitalis muscle
(2) Tibia - serratus posterior inferior
(3) L4 corrugator supercilii
(4) MC 1 > DAY 3 BOB-C 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 ^	Lateral sesamoid of Mt Ss 1s^^ as well as Parahippocampal gyri ^^;	Sup. lac. can. & Sup. sag. si. & 6 Exit correspondents* & Lower lateral incisors ^ & Lateral sesamoid of Mt Ss 1s ^^ & Parahippocampal gyri ^^,	Lower lateral incisors ^ **And intake into** Lateral 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: Keep constant alignment of L5, McSs2, McSs1, MtSs1 (using YUOIEA, Mt3) and Day 3's Spinal Nerve.

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

^ and ^^ These are ^ the pressurizable, riftable "Inroad Channel" and ^^ the "Resulting Structure" of Part 2

***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 - 12:36a | Eye part 3 |	Suprarenal Gland	Duodenum	part 3	part 3	part 3	Nipples
12:36a - 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 CENTER is UPPER CENTRAL INCISOR with breath through Nasolacrimal Duct (N.D.) & Superior Lacrimal Canaliculus to activate the Inferior Sagittal Sinus thereby arranging the 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 CENTER is PARIETAL 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 CENTER is 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 Centers to approach optimal function, there can be no misalignment of their 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 frontonasal duct to activate frontal sinus 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-12:36am >	Part 3<hormone>	Gonads	Duodenum	Part 3	Part 3	Part 3	nipples
12:36am-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-C above (UPPER CENTRAL INCISOR) instigates alteration (itself altering thereby) to the Lateral Sesamoid of Mt Ss 1 (by way of balanced full Mt Ss 1) through aegis of the Post-central 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-C below was originated, and is altered, by Nasal Bone's overseen Series of Soft Tissue Structure (by way of Tympanic Cells) in conjunction with Cranial Nerve IX (Glossopharyngeal).

DAY 2 BOB-C > (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 Palatine
Day 3 Tonsil is Pharyngeal

11/20/2014 Day 3 Bob-C below was originated, and is altered, by LLS 3".

(1) Parietal Bone - eye's orbitalis muscle

(2) Fibula - sternocleidomastoid, clavicular head

(3) L5
thyrohyoid

(4) MC MP3 > DAY 3 BOB-C
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 Spleen, subclavian artery, pancreas + 3 others ^ (+ CN IX)	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^^;	Inf. nas. m. & LLS 4 & 6 Exit correspondents* & LLS 3" ^ & Mc MP3s ^^,	LLS 3" ^ **And intake into** Mc MP3s ^^	Breath "to" LLS 4 to disperse to lung part destinations	As above

Note: Keep constant alignment of L5, McSs2, McSs1, MtSs1 (using YUOIEA, Mt3) and Day 3's Spinal Nerve.

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 intermediate tendon (see below) up to medial greater horn of hyoid bone
tibialis anterior - from upper 1/2 anterior lateral tibia & adjoining interosseous membrane to posterior (~above)

pyramidalis - from a small lowest section of linea alba slightly obliquely outward & down to anterior pubis
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

^ and ^^ These are ^ the pressurizable, riftable "Inroad Channel" and ^^ the "Resulting Structure" of Part 2

*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 - 12:36a | Eye part 3 |	Gonads	Duodenum	part 3	part 3	part 3	Nipples
12:36a - 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 CENTER is LOWER CENTRAL INCISOR with breath through Nasolacrimal Duct (N.D.) & Superior Lacrimal Canaliculus to activate the Inferior Sagittal Sinus thereby arranging the 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 CENTER is PARIETAL 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 CENTER is 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 Centers to approach optimal function, there can be no misalignment of their 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 frontonasal duct to activate frontal sinus 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-12:36am >	Part 3<hormone>	Gonads	Duodenum	Part 3	Part 3	Part 3	nipples
12:36am-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 XI	Nerve S1	Part 6	Part 6	Part 6	vagina

11/21/2014 DAY 1 BOB-C above (LOWER CENTRAL INCISOR) instigates alteration (itself altering) to the Lateral Sesamoid of MtSs1 (by way of balanced full MtSs1) through aegis of the Precentral Gyrus.

Associated bones/muscles are (1) Parietal 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 Palatine
Day 3 Tonsil is Pharyngeal

11/22/2014 Day 2 Bob-C below was originated, & is altered, by Nasal Bone's overseen Series of Soft Tissue Structure (by way of Tympanic Cells) in conjunction with Cranial Nerve IX (Glossopharyngeal).

DAY 2 BOB-C > (1) PARIETAL 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-C below was originated, and is altered, by RLS 2".

(1) Parietal Bone - eye's orbitalis muscle
(2) Patella - external intercostal
(3) Mc Ss 2 diaphragm, posterior lumbar & crus part
(4) MC PP1 > DAY 3 BOB-C 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 ^	Lateral sesamoid of Mt Ss 1s ^^ as well as Precentral gyri ^^;	Sup. lac. can. & Inf. sag. si. & 6 Exit correspondents* & Lower central incisors ^ & Lateral sesamoid of Mt Ss 1s ^^ & Precentral gyri ^^,	Lower central incisors^ **And intake into** Lateral 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 the Spleen, subclavian artery, pancreas + 3 others ^ (+ CN IX)	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 RLS 2" ^	As above but for Mc PP1s^^; RLS 2" ^ & Mc PP1s ^^,	Inf. nas. m. & LLS 4 & 6 Exit correspondents* &	RLS 2" ^ **And intake into** Mc PP1s ^^	Breath "to" LLS 4 to disperse to lung part destinations	As above

Note: Keep constant alignment of L5, McSs2, McSs1, MtSs1 (using YUOIEA, Mt3) and Day 3's Spinal Nerve.

^ / 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 **^**

^ and ^^ These are ^ the pressurizable, riftable "Inroad Channel" and ^^ the "Resulting Structure" of Part 2

***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 - 12:36a | Eye part 3 |	Gonads	Duodenum	part 3	part 3	part 3	Nipples
12:36a - 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 XI	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 CENTER is BODY OF MANDIBLE with breath through Nasolacrimal Duct (N.D.) & Superior Lacrimal Canaliculus to activate the Inferior Sagittal Sinus thereby arranging the 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 CENTER is OCCIPITAL 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 CENTER is 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 Centers to approach optimal function, there can be no misalignment of their 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 frontonasal duct to activate frontal sinus 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-12:36am >	Part 3<hormone>	Gonads	Duodenum	Part 3	Part 3	Part 3	nipples
12:36am-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 XII	Nerve S2	Part 6	Part 6	Part 6	vagina

11/24/2014 DAY 1 BOB-C above (BODY OF MANDIBLE) was originated, and is altered, by the Medial Sesamoid of Mc Ss 1 (by way of balanced full McSs1) through aegis of Middle Frontal Gyrus.

Associated bones/muscles are (1) Occipital 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 Palatine
Day 3 Tonsil is Pharyngeal

11/25/2014 Day 2 Bob-C below was originated, and is altered, by L3 (by way of Tympanic Cells) in conjunction with Cranial Nerve X (Vagus).

DAY 2 BOB-C > (1) OCCIPITAL BONE - eye's sphincter muscle
Associated bones/muscles are (2) Calcaneus - superficial transverse perineal
(3) Mc Ss 1 genioglossus, vertical fibers
(4) Mc DP3 extensor carpi ulnaris
(5) T12 hyoglossus
(6) Mt DP3 sartorius

11/26/2014 Day 3 Bob-C below was originated, and is altered, by LLS 1+2".

(1) Occipital Bone - eye's orbitalis muscle
(2) Calcaneus - ischiocavernosus
(3) Mc Ss 1 genioglossus, oblique fibers
(4) MC DP3 > DAY 3 BOB-C 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 ^ + Middle frontal gyri ^	Body of mandible^^;	Sup. lac. can. & Inf. sag. si. & 6 Exit correspondents* & Medial sesamoid of Mc Ss 1s ^ + Middle frontal gyri ^ & Body of mandible ^^,	Medial sesamoid of Mc Ss 1s^ + Middle frontal gyri ^ **And intake into** Body of mandible ^^	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 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: Keep constant alignment of L5, McSs2, McSs1, MtSs1 (using YUOIEA, Mt3) and Day 3's Spinal Nerve.

^/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, vertical fibers - from front underpart of tongue to central upper posterior mandible | humerus
extensor carpi ulnaris - from outside (edge) base of Mc 5 to outside (edge) part of lateral epicondyle of **^**
hyoglossus - from lower side of tongue to length of hyoid's greater horn & lateral body of hyoid
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, oblique fibers - from central mid-posterior mandible to mid-to-back under portion 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

^ and ^^ These are ^ the pressurizable, riftable "Inroad Channel" and ^^ the "Resulting Structure" of Part 2

***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 - 12:36a | Eye part 3 |	Gonads	Duodenum	part 3	part 3	part 3	Nipples
12:36a - 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 XII	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 CENTER is RAMUS OF MANDIBLE with breath through Nasolacrimal Duct (N.D.) & Superior Lacrimal Canaliculus to activate the Inferior Sagittal Sinus thereby arranging the 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 CENTER is OCCIPITAL 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 CENTER is 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 Centers to approach optimal function, there can be no misalignment of their 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 frontonasal duct to activate frontal sinus 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-12:36am >	Part 3<hormone>	Gonads	Duodenum	Part 3	Part 3	Part 3	nipples
12:36am-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-C above (RAMUS OF MANDIBLE) was originated, and is altered, by 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-C below was originated, and is altered, by L3 (by way of Tympanic Cells) in conjunction with Cranial Nerve X (Vagus).

DAY 2 BOB-C > (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 Palatine
Day 3 Tonsil is Pharyngeal

11/29/2014 Day 3 Bob-C below was originated, and is altered, by 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-C - 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 ^ + Superior frontal gyri ^	Rami of mandible^^; & Rami of mandible ^^,	Sup. lac. can. & Inferior sagital sinuses & 6 Exit correspondents* & Mc Ss 2s ^ + Superior frontal gyri ^	Mc Ss 2s ^ + Superior frontal gyri ^ **And intake into** Rami of mandible ^^	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: Keep constant alignment of L5, McSs2, McSs1, MtSs1 (using YUOIEA, Mt3) and Day 3's Spinal Nerve.

^ / 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 C7-1 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

^ and ^^ These are ^ the pressurizable, riftable "Inroad Channel" and ^^ the "Resulting Structure" of Part 2

***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 - 12:36a | Eye part 3 |	Gonads	Duodenum	part 3	part 3	part 3	Nipples
12:36a - 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 CENTER is UPPER CANINE with breath through the 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 CENTER is PARIETAL 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 CENTER is STAPES with 3rd component of breath through Middle Nasal Meatus to activate Maxillary 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 Centers to approach optimal function, there can be no misalignment of their 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 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 middle nasal meatus to activate maxillary 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-12:36am >	Pt. 3<hormone>	Suprarenal Gland	Duodenum	Part 3	Part 3	Part 3	nipples
12:36am-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-C above (UPPER CANINE) instigates alteration (itself altering thereby) to Lateral Sesamoid of Mt Ss 1 (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-C below was originated, and is altered, by Nasal Bone's overseen Series of Soft Tissue Structure (by way of Tympanic Cells) in conjunction with Cranial Nerve IX (Glossopharyngeal).

DAY 2 BOB-C > (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-C below instigates alteration (itself altering thereby) to the Parietal Bone's Thymus.

DAY 3 BOB-C > (1) Parietal Bone - eye's orbitalis muscle
(2) STAPES - external oblique abdominus

(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,	As above but for the Spleen, subclavian artery, pancreas + 3 others ^ (+ CN IX)	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	Middle nasal meatus "to" Maxillary sinuses,	As above but for the Stapes ^ bone's thymus ^^; Stapes ^ & Parietal bone's thymus ^^,	As above but for the Parietal	Mid. nas. m. & Maxillary sinuses & 6 Exit correspondents* &	Stapes ^ **And intake into** Parietal b.'s thymus ^^	Breath "to" Maxillary sinuses to disperse to receiving destinations	As above

Note: Keep constant alignment of L5, McSs2, McSs1, MtSs1 (using YUOIEA, Mt3) and Day 3's Spinal Nerve.

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 toward linea alba, 24-hour fiber progress down
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

^ and ^^ These are ^ the pressurizable, riftable "Inroad Channel" and ^^ the "Resulting Structure" of Part 2

*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 - 12:36a | Eye part 3|	Suprarenal Gland	Duodenum	part 3	part 3	part 3	Nipples
12:36a - 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 CENTER is LOWER CANINE 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 CENTER is PARIETAL 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 CENTER is HYOID with 3rd component of breath through Middle Nasal Meatus to activate Maxillary 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 Centers to approach optimal function, there can be no misalignment of their 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 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 middle nasal meatus to activate maxillary 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-12:36am >	Pt. 3<hormone>	Suprarenal Gland	Duodenum	Part 3	Part 3	Part 3	nipples
12:36am-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 IX	Nerve L2	Part 6	Part 6	Part 6	vagina

12/3/2014 DAY 1 BOB-C above (LOWER CANINE) instigates alteration (itself altering thereby) to Lateral Sesamoid of Mt Ss 1 (by way of balanced, full MtSs1) through aegis of the Lateral Occipitotemporal Gyrus.

Associated bones/muscles are (1) Parietal Bone - eye's dilator muscle
(2) Hyoid - transversus thoracis
(3) L2 superficial masseter
(4) Trapezium opponens pollicis
(5) Rib 9 cricothyroid, straight part
(6) Cuneiform Medial semitendinosus

12/4/2014 Day 2 Bob-C below was originated, and is altered, by Nasal Bone's overseen Series of Soft Tissue Structure (by way of Tympanic Cells) in conjunction with Cranial Nerve IX (Glossopharyngeal).

DAY 2 BOB-C > (1) PARIETAL 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-C below instigates alteration (itself altering thereby) to the Parietal Bone's Celiac Trunk.

(1) Parietal Bone - eye's orbitalis muscle
DAY 3 BOB-C > (2) HYOID - transversus abdominus
(3) L2 deep masseter
(4) Trapezium opponens digiti minimi
(5) Rib 9 cricothyroid, oblique 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 ^	Lateral sesamoid of Mt Ss 1s^^ as well as Lateral occipitotemporal gyri^^; Lateral sesamoid of MtSs1s^^ & Lat. occipitotemporal gyri^^,	Sup. lac. can. & Sup. sag. sinuses & 6 Exit correspondents* & Lower canines^ & Lateral sesamoid of MtSs1s^^ as well as Lat. occipitotemporal gyri ^^ & Spleen, subclavian artery, pancreas, etc. ^ (+ CN IX) & intake into Parietal bone ^^,	Lower canines ^ **And intake into** Lateral sesamoid of MtSs1s^^ as well as Lat. occipitotemporal gyri ^^ & Hyoid ^ & intake into Parietal b.'s celiac trunk ^^	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 Spleen, subclavian artery, pancreas + 3 others ^ (+ CN IX)	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	Middle nasal meatus "to" Maxillary sinuses,	As above for the Hyoid ^ bone's celiac trunk ^^;	As above for the Parietal bone's celiac trunk ^^,	Maxillary sinuses & 6 Exit correspondents* & Hyoid ^ & Parietal bone's celiac trunk ^^,	Hyoid ^ **& intake into** Parietal b.'s celiac trunk ^^	Breath "to" Maxillary sinuses to disperse to receiving destinations	As above

Note: Keep constant alignment of L5, McSs2, McSs1, MtSs1 (using YUOIEA, Mt3) and Day 3's Spinal Nerve.

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**
superficial masseter - from maxilla under zygomatic bone to coronoid process & anterior ramus | in 24 hrs.
opponens pollicis - from flexor retinaculum/scaphoid/trapezium out & under to length of Mc 1 outer border
cricothyroid, straight part - from front of cricoid cartilage up to inside bottom border of thyroid cartilage
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 coronoid process spreading to all along side of head | 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 **v**
deep masseter - from zygomatic arch to down along anterior ramus of mandible | upward in 24 hours
opponens digiti minimi - from upper flexor retinaculum & hook of hamate up & under to lateral Mc 5
cricothyroid, oblique part - lateral from straight part (see above) to inner thyroid cartilage behind oblique line
semimembranosus - from ishial tuberosity lateral to semitendinosus to band at tibia's posterior medial top

^ and ^^ These are ^ the pressurizable, riftable "Inroad Channel" and ^^ the "Resulting Structure" of Part 2

***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 - 12:36a | Eye part 3 |	Suprarenal Gland	Duodenum	part 3	part 3	part 3	Nipples
12:36a - 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 IX	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 CENTER is UPPER LATERAL INCISOR 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 CENTER is OCCIPITAL 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 CENTER is FEMUR with 3rd component of breath through Middle Nasal Meatus to activate Maxillary 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 Centers to approach optimal function, there can be no misalignment of their 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 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 middle nasal meatus to activate maxillary 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-12:36am >	Pt. 3<hormone>	Suprarenal Gland	Duodenum	Part 3	Part 3	Part 3	nipples
12:36am-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 X	Nerve L3	Part 6	Part 6	Part 6	vagina

12/6/2014 DAY 1 BOB-C above (UPPER LATERAL INCISOR) instigates alteration (itself altering thereby) to Lateral Sesamoid of Mt Ss 1 (by way of full Mt Ss 1) thru aegis of the Medial Occipitotemporal Gyrus.

Associated bones/muscles are (1) Occipital 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
psoas

12/7/2014 Day 2 Bob-C below was originated, and is altered, by L3 (by way of Tympanic Cells) in conjunction with Cranial Nerve X (Vagus).

DAY 2 BOB-C > (1) OCCIPITAL 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
quadratus lumborum

12/8/2014 Day 3 Bob-C below instigates alteration (itself altering thereby) to the Parietal Bone's Supra-renal Glands.

(1) Occipital Bone - eye's orbitalis muscle
DAY 3 BOB-C > (2) FEMUR - serratus anterior, lower part

(3) L3
antitragicus

(4) Mc PP3
flexor digiti minimi brevis

(5) T10
buccinator

(6) Mt PP3
iliacus

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^^; Lateral sesamoid of MtSs1s^^ & Med. 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 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	Middle nasal meatus "to" Maxillary sinuses,	As above for the Femurs ^ suprarenal glands ^^; Parietal bone's suprarenal glands ^^,	As above for Parietal b.'s	Maxillary sinuses & 6 Exit correspondents* & Femurs ^ &	Femurs ^ **& intake into** Parietal b.'s suprarenal glands ^^	Breath "to" Maxillary sinuses to disperse to receiving destinations	As above

Note: Keep constant alignment of L5, McSs2, McSs1, MtSs1 (using YUOIEA, Mt3) and Day 3's Spinal Nerve.

v = down arrow **Direction** of **Stretch** for **Muscles** on **Front** of **Page** (~ & mylohyoid raphes & tongue)

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
psoas - from T12 and L1-L4 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(**~** above)
quadratus lumborum - from medial iliac crest up to medial 1/2 of 12th rib & lumbar transverse processes

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 **v** angles
iliacus - from anterior iliac crest down fossa to inner top of femur's lesser trochanter

^ and ^^ These are ^ the pressurizable, riftable "Inroad Channel" and ^^ the "Resulting Structure" of Part 2

***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 - 12:36a | Eye part 3 |	Suprarenal Gland	Duodenum	part 3	part 3	part 3	Nipples
12:36a - 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 X	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 CENTER is LOWER LATERAL INCISOR 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 CENTER is OCCIPITAL 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 CENTER is TIBIA with 3rd component of breath through Middle Nasal Meatus to activate Maxillary 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 Centers to approach optimal function, there can be no misalignment of their 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 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 middle nasal meatus to activate maxillary 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-12:36am >	Pt. 3<hormone>	Suprarenal Gland	Duodenum	Part 3	Part 3	Part 3	nipples
12:36am-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-C above (LOWER LATERAL INCISOR) instigates alteration (itself altering thereby) to Lateral Sesamoid of Mt Ss 1 (by way of balanced full Mt Ss 1) thru 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-C below was originated, and is altered, by L3 (by way of Tympanic Cells) in conjunction with Cranial Nerve X (Vagus).

DAY 2 BOB-C > (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-C below instigates alteration (itself altering thereby) to the Parietal Bone's DNA-making Apparatus.

(1) Occipital Bone - eye's orbitalis muscle
DAY 3 BOB-C > (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 ^	Lateral sesamoid of Mt Ss 1s^^ as well as Parahippocampal gyri ^^;	Sup. lac. can. & Sup. sag. si. & 6 Exit correspondents* & Lower lateral incisors ^ & Lateral sesamoid of Mt Ss 1s ^^ & Parahippocampal gyri ^^,	Lower lateral incisors ^ **And intake into** Lateral 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	Middle nasal meatus "to" Maxillary sinuses,	As above for Tibias ^ DNA-making apparatus^^;	As above for Parietal b.'s	Maxillary sinuses & 6 Exit correspondents* & Tibias ^ & Parietal bone's DNA-making apparatus ^^,	Tibias ^ **& intake into** Parietal b.'s DNA-making apparatus ^^	Breath "to" Maxillary sinuses to disperse to receiving destinations	As above

Note: Keep constant alignment of L5, McSs2, McSs1, MtSs1 (using YUOIEA, Mt3) and Day 3's Spinal Nerve.

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

^ and ^^ These are ^ the pressurizable, riftable "Inroad Channel" and ^^ the "Resulting Structure" of Part 2

***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 - 12:36a | Eye part 3 |	Suprarenal Gland	Duodenum	part 3	part 3	part 3	Nipples
12:36a - 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 CENTER is ETHMOID 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 CENTER is TEMPORAL 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 CENTER is T1 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 Centers to approach optimal function, there can be no misalignment of their associated bone, muscle and organ structures. In the lower set of boxed columns below, preceeded 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 Eustacean tube to activate mastoid cells 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-12:36am >	Part 3<hormone>	Pineal Gland	Duodenum	Part 3	Part 3	Part 3	nipples
12:36am-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-C above (ETHMOID BONE brought forth in forming cerebrum) was originated, and is altered, by 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-C below was originated, and is altered, by Parietal Bone's overseen Series of Soft Tissue Structure (by way of Mastoid Cells) in conjunction with Cranial Nerve XI (Accessory).

DAY 2 BOB-C > (1) TEMPORAL 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

12/14/2014 Day 3 Bob-C below was originated, and is altered, by the 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-C
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,	Long gyri ^ (+ S3)	Ethmoid bone ^^ (+ cerebrum);	Sup.lac.can. & Sig./trans. sinuses & 6 Exit correspondents* & Long gyri ^ (+ S3) & Ethmoid bone ^^ (+ cerebrum),	Long gyri ^ (+ S3) **And intake into** Ethmoid bone ^^ (+ cerebrum)	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 Thymus, celiac trunk, suprarenal glands + 3 others ^ (+ CN XI)	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: Keep constant alignment of L5, McSs2, McSs1, MtSs1 (using YUOIEA, Mt3) and Day 3's Spinal Nerve.

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.

^ and ^^ These are ^ the pressurizable, riftable "Inroad Channel" and ^^ the "Resulting Structure" of Part 2

*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 - 12:36a | Eye part 3 |	Pineal Gland	Duodenum	part 3	part 3	part 3	Nipples
12:36a - 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 CENTER is 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 CENTER is TEMPORAL 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 CENTER is RIB 1 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 Centers to approach optimal function, there can be no misalignment of their associated bone, muscle and organ structures. In the lower set of boxed columns below, preceeded 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 Eustacean tube to activate mastoid cells 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-12:36am >	Part 3<hormone>	Pineal Gland	Duodenum	Part 3	Part 3	Part 3	nipples
12:36am-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 I	Nerve C6	Part 6	Part 6	Part 6	vagina

12/15/2014 DAY 1 BOB-C above (SPHENOID BONE brought forth in forming cerebellum) was originated and is altered, by C5 (by way of ingress of outside environment) through aegis of the Short Gyrus.

Associated bones/muscles are (1) Temporal 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-C below was originated, and is altered, by Parietal Bone's overseen Series of Soft Tissue Structure (by way of Mastoid Cells) in conjunction with Cranial Nerve XI (Accessory).

DAY 2 BOB-C > (1) TEMPORAL 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

12/17/2014 Day 3 Bob-C below was originated, and is altered, by the Upper 1st Pre-molar.

(1) Temporal 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-C 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,	Short gyri ^ (+ C5)	Sphenoid bone ^^ (+ cerebellum);	Sup.lac.can. & Sig./trans. sinuses & 6 Exit correspondents* & Short gyri ^ (+ C5) & Sphenoid bone ^^ (+ cerebellum),	Short gyri ^ (+ C5) **And intake into** Sphenoid bone ^^ (+ cerebellum)	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 Thymus, celiac trunk, suprarenal glands + 3 others ^ (+ CN XI)	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 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.

^ and ^^ These are ^ the pressurizable, riftable "Inroad Channel" and ^^ the "Resulting Structure" of Part 2

***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 - 12:36a | Eye part 3 |	Pineal Gland	Duodenum	part 3	part 3	part 3	Nipples
12:36a - 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 I	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 CENTER is MAXILLA ALVEOLAR PROCESS 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 CENTER is ZYGOMATIC 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 CENTER is T2 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 Centers to approach optimal function, there can be no misalignment of their associated bone, muscle and organ structures. In the lower set of boxed columns below, preceeded 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 Eustacean tube to activate mastoid cells 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-12:36am >	Part 3<hormone>	Pineal Gland	Duodenum	Part 3	Part 3	Part 3	nipples
12:36am-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 II	Nerve C7	Part 6	Part 6	Part 6	vagina

12/18/2014 DAY 1 BOB-C above (MAXILLA ALVEOLAR PROCESS) instigates alteration (itself altering thereby) to the Vomer Bone's RNA-making Apparatus (by way of Frontal Sinus) through aegis of the Dentate Gyrus.

Associated bones/muscles are (1) Zygomatic 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

12/19/2014 Day 2 Bob-C below was originated, and is altered, by L4 (by way of Mastoid Cells) in conjunction with Cranial Nerve XII (Hypoglossal).

DAY 2 BOB-C > (1) ZYGOMATIC 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

12/20/2014 Day 3 Bob-C below was originated, and is altered, by the Talus.

(1) Zygomatic 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 > DAY 3 BOB-C 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 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 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: Keep constant alignment of L5, McSs2, McSs1, MtSs1 (using YUOIEA, Mt3) and Day 3's Spinal Nerve.

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.

^ and ^^ These are ^ the pressurizable, riftable "Inroad Channel" and ^^ the "Resulting Structure" of Part 2

*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 - 12:36a | Eye part 3 |	Pineal Gland	Duodenum	part 3	part 3	part 3	Nipples
12:36a - 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 II	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 CENTER is MANDIBLE ALVEOLAR PROCESS 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 CENTER is ZYGOMATIC 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 CENTER is RIB 2 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 Centers to approach optimal function, there can be no misalignment of their associated bone, muscle and organ structures. In the lower set of boxed columns below, preceeded 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 Eustacean tube to activate mastoid cells 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-12:36am >	Part 3<hormone>	Pineal Gland	Duodenum	Part 3	Part 3	Part 3	nipples
12:36am-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-C above (MANDIBLE ALVEOLAR PROCESS) instigates alteration (itself altering thereby) to the Vomer Bone's Protein-making Apparatus (by way of Frontal Sinus) through aegis of 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-C below was originated, and is altered, by L4 (by way of Mastoid Cells) in conjunction with Cranial Nerve XII (Hypoglossal).

DAY 2 BOB-C > (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-C below was originated, and is altered, by 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-C
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 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: Keep constant alignment of L5, McSs2, McSs1, MtSs1 (using YUOIEA, Mt3) and Day 3's Spinal Nerve.

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.

^ and ^^ These are ^ the pressurizable, riftable "Inroad Channel" and ^^ the "Resulting Structure" of Part 2

***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 - 12:36a | Eye part 3 |	Pineal Gland	Duodenum	part 3	part 3	part 3	Nipples
12:36a - 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 CENTER is UPPER WISDOM TOOTH 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 CENTER is TEMPORAL 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 CENTERE is T3 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 Centers to approach optimal function, there can be no misalignment of their 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 tympanic 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-12:36am >	Part 3<hormone>	Thyroid Gland	Duodenum	Part 3	Part 3	Part 3	nipples
12:36am-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-C above (UPPER WISDOM TOOTH) instigates alteration (itself altering thereby) to the Inferior Nasal Concha's RNA-making Apparatus (by way of Maxillary Sinus) through aegis of the Straight Gyrus.

Associated bones/muscles are

(1) Temporal Bone - eye's dilator muscle

(2) Scapula - platysma

(3) S4
thyroepiglottic

(4) Mc MP5
deltoid, back part

(5) T3
rotatores brevis

(6) Mt MP5
inferior gemellus

12/25/2014 Day 2 Bob-C below was originated, and is altered, by Parietal Bone's overseen Series of Soft Tissue Structure (by way of Mastoid Cells) in conjunction with Cranial Nerve XI (Accessory).

DAY 2 BOB-C > (1) TEMPORAL BONE - eye's sphincter muscle

Associated bones/muscles are (2) Scapula - hair follicle muscles

(3) S4
inferior oblique of eye

(4) Mc MP5
deltoid, middle part

(5) T3
multifidi

(6) Mt MP5
obturator externus

12/26/2014 Day 3 Bob-C below was originated, and is altered, by the Patella.

(1) Temporal Bone - eye's orbitalis muscle

(2) Scapula - temporoparietalis

(3) S4
aryepiglottic

(4) Mc MP5
deltoid, 2nd front part

(5) T3 > DAY 3 BOB-C
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,	As above but for the Thymus, celiac trunk, suprarenal glands + 3 others ^ (+ CN XI)	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: Keep constant alignment of L5, McSs2, McSs1, MtSs1 (using YUOIEA, Mt3) and Day 3's Spinal Nerve.

~ = 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 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
aryepiglottic - upward from apex of arytenoid cartilage to along side of epiglottis
~swinging around & down through body in 24 hours
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

^ and ^^ These are ^ the pressurizable, riftable "Inroad Channel" and ^^ the "Resulting Structure" of Part 2

*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 - 12:36a | Eye part 3 |	Thyroid gland	Duodenum	part 3	part 3	part 3	Nipples
12:36a - 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 CENTER is LOWER WISDOM TOOTH 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 CENTER is TEMPORAL 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 CENTER is RIB 3 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 Centers to approach optimal function, there can be no misalignment of their 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 tympanic 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-12:36am >	Part 3<hormone>	Thyroid Gland	Duodenum	Part 3	Part 3	Part 3	nipples
12:36am-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 III	Nerve T2	Part 6	Part 6	Part 6	vagina

12/27/2014 DAY 1 BOB-C above (LOWER WISDOM TOOTH) instigates alteration (itself altering thereby) to the Inferior Nasal Concha's Protein-making Apparatus (by way of Maxillary Sinus) thru aegis of Subcallosal Gyrus.

Associated bones/muscles are

(1) Temporal Bone - eye's dilator muscle

(2) Humerus - levator costae brevis

(3) S5
transverse 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-C below was originated, and is altered, by Parietal Bone's overseen Series of Soft Tissue Structure (by way of Mastoid Cells) in conjunction with Cranial Nerve XI (Accessory).

DAY 2 BOB-C >

Associated bones/muscles are

(1) TEMPORAL BONE - eye's sphincter muscle

(2) Humerus - circulatory system muscles

(3) S5
accessory muscle bundle

(4) Mc MP2
palmaris longus

(5) Rib 3
intertransversarii, lumber medial & thoracis

(6) Mt MP2
obturator internus

12/29/2014 Day 3 Bob-C below was originated, and is altered, by the Fibula.

(1) Temporal Bone - eye's orbitalis muscle

(2) Humerus - levator costae longus

(3) S5
oblique arytenoid

(4) Mc MP2
flexor carpi ulnaris

(5) RIB 3 > DAY 3 BOB-C
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 the Thymus, celiac trunk, suprarenal glands + 3 others ^ (+ CN XI)	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 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: Keep constant alignment of L5, McSs2, McSs1, MtSs1 (using YUOIEA, Mt3) and Day 3's Spinal Nerve.

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
transverse arytenoid - from arytenoid cartilage straight across to opposite 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, lumbar medial & thoracis - 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
oblique arytenoid - up from base of arytenoid cartilage to apex of opposite arytenoid 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

^ and ^^ These are ^ the pressurizable, riftable "Inroad Channel" and ^^ the "Resulting Structure" of Part 2

*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 - 12:36a | Eye part 3 |	Thyroid gland	Duodenum	part 3	part 3	part 3	Nipples
12:36a - 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 III	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 CENTER is UPPER 2nd MOLAR 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 CENTER is ZYGOMATIC 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 CENTER is T4 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 Centers to approach optimal function, there can be no misalignment of their 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 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 tympanic 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-12:36am >	Part 3<hormone>	Thyroid Gland	Duodenum	Part 3	Part 3	Part 3	nipples
12:36am-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 IV	Nerve T3	Part 6	Part 6	Part 6	vagina

12/30/2014 DAY 1 BOB-C above (UPPER 2nd MOLAR) instigates alteration (itself altering thereby) to the Superior Nasal Concha's RNA-making Apparatus (by way of Sphenoid Sinus) through aegis of the Cingulate Gyrus.

Associated bones/muscles are

(1) Zygomatic Bone - eye's dilator muscle

(2) Radius - heart, anterior pectinate

(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-C below was originated, and is altered, by L4 (by way of Mastoid Cells) in conjunction with Cranial Nerve XII (Hypoglossal).

DAY 2 BOB-C > (1) ZYGOMATIC BONE - eye's sphincter muscle

Associated bones/muscles are (2) Radius - heart, septal pectinate

(3) S3
superior oblique of eye

(4) Mc DP5
brachioradialis

(5) T4
salpingopharyngeus

(6) Mt DP5
gracilis

1/1/2015 Day 3 Bob-C below was originated, and is altered, by RLS 10'.

(1) Zygomatic Bone - eye's orbitalis muscle

(2) Radius - heart, posterior pectinate

(3) S3
posterior cricoarytenoid

(4) Mc DP5
extensor carpi radialis longus

(5) T4 > DAY 3 BOB-C
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,	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 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: Keep constant alignment of L5, McSs2, McSs1, MtSs1 (using YUOIEA, Mt3) and Day 3's Spinal Nerve.

v / **^** = down / up arrows **Direction** of **Stretch** for **Muscles** on **Front** of **Page**

heart, anterior pectinate - sense of from along anterior medial wall toward base of anterior papillary 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 pectinate - sense of from base of septal papillary muscle to central/upper posterior wall
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 pectinate - sense of from along lower posterior heart wall to base of posterior papillary 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

^ and ^^ These are ^ the pressurizable, riftable "Inroad Channel" and ^^ the "Resulting Structure" of Part 2

***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 - 12:36a | Eye part 3 |	Thyroid gland	Duodenum	part 3	part 3	part 3	Nipples
12:36a - 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 IV	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 CENTER is LOWER 2nd MOLAR 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 CENTER is ZYGOMATIC 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 CENTER is RIB 4 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 Centers to approach optimal function, there can be no misalignment of their 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 tympanic 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-12:36am >	Part 3<hormone>	Thyroid Gland	Duodenum	Part 3	Part 3	Part 3	nipples
12:36am-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-C above (LOWER 2nd MOLAR) instigates alteration (itself altering thereby) to Superior Nasal Concha's Protein-making Apparatus (by way of Sphenoid Sinus) through aegis of the Lingual Gyrus.

Associated bones/muscles are

(1) Zygomatic Bone - eye's dilator muscle

(2) Ulna - heart, anterior papillary

(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-C below was originated, and is altered, by L4 (by way of Mastoid Cells) in conjunction with Cranial Nerve XII (Hypoglossal).

DAY 2 BOB-C > (1) ZYGOMATIC BONE - eye's sphincter muscle

Associated bones/muscles are (2) Ulna - heart, septal papillary

(3) C5
oblique thyroarytenoid

(4) Mc DP2
extensor indicis

(5) Rib 4
uvula

(6) Mt DP2
popliteus

1/4/2015 Day 3 Bob-C below was originated, and is altered, by LLS 10'.

(1) Zygomatic Bone - eye's orbitalis muscle

(2) Ulna - heart, posterior papillary

(3) C5
thyroarytenoid

(4) Mc DP2
extensor pollicis longus

(5) RIB 4 > DAY 3 BOB-C
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: Keep constant alignment of L5, McSs2, McSs1, MtSs1 (using YUOIEA, Mt3) and Day 3's Spinal Nerve.

^ = up arrow **Direction** of **Stretch** for **Muscles** on **Front** of **Page**

heart, anterior papillary - from anterior pectinate muscle in toward anterior mitral or tricuspid valves' cusps
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 papillary - from septal mitral or tricuspid valves' cusps to septal pectinate muscle | 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 papillary - from posterior pectinate muscle in toward posterior mitral or tricuspid valves' cusps
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

^ and ^^ These are ^ the pressurizable, riftable "Inroad Channel" and ^^ the "Resulting Structure" of Part 2

***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 - 12:36a | Eye part 3 |	Thyroid gland	Duodenum	part 3	part 3	part 3	Nipples
12:36a - 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 CENTER is UPPER 1st MOLAR 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 CENTER is TEMPORAL 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 CENTER is T5 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 Centers to approach optimal function, there can be no misalignment of their 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 nasal meatuses to activate ethmoid cells 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-12:36am >	Part 3<hormone>	Pyloric Gland	Duodenum	Part 3	Part 3	Part 3	nipples
12:36am-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-C above (UPPER 1st MOLAR) instigates alteration (itself altering thereby) to the Nasal Bone's RNA-making Apparatus (by way of Ethmoid Cells) 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-C below was originated, and is altered, by Parietal Bone's overseen Series of Soft Tissue Structure (by way of Mastoid Cells) in conjunction with Cranial Nerve XI (Accessory).

DAY 2 BOB-C > (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 cervicis & capitis

(6) Mt 4
abductor hallucis

1/7/2015 Day 3 Bob-C below was originated, and is altered, by RLS 9'.

(1) Temporal Bone - eye's orbitalis muscle

(2) Triquetrum - esophagus, muscularis mucosa

(3) S2
nasalis, transverse part

(4) Mc 4
deltoid, frontmost part

(5) T5 > DAY 3 BOB-C
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 the Thymus, celiac trunk, suprarenal glands + 3 others ^ (+ CN XI)	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 cervicis & capitis - 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

^ and ^^ These are ^ the pressurizable, riftable "Inroad Channel" and ^^ the "Resulting Structure" of Part 2

***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 - 12:36a | Eye part 3 |	Pyloric gland	Duodenum	part 3	part 3	part 3	Nipples
12:36a - 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 CENTER is LOWER 1st MOLAR 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 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 CENTER is TEMPORAL 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 CENTER is RIB 5 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 Centers to approach optimal function, there can be no misalignment of their 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 nasal meatuses to activate ethmoid cells 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-12:36am >	Part 3<hormone>	Pyloric Gland	Duodenum	Part 3	Part 3	Part 3	nipples
12:36am-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 V	Nerve T6	Part 6	Part 6	Part 6	vagina

1/8/2015 DAY 1 BOB-C above (LOWER 1st MOLAR) instigates alteration (itself altering thereby) to the Nasal Bone's Protein-making Apparatus (by way of Ethmoid Cells) thru aegis of Inferior Frontal Gyrus, Orbital Part.

Associated bones/muscles are (1) Temporal 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-C below was originated, and is altered, by Parietal Bone's overseen Series of Soft Tissue Structure (by way of Mastoid Cells) in conjunction with Cranial Nerve XI (Accessory).

DAY 2 BOB-C > (1) TEMPORAL 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-C below was originated, and is altered, by LLS 9'.

(1) Temporal 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-C
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, orbital part ^^;	Sup.lac.can. & Sup. petrosal sinuses & 6 Exit correspondents* & Lower 1st molars^ & Inferior frontal gyri, orbital part ^^,	Lower 1st 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 the Thymus, celiac trunk, suprarenal glands + 3 others ^ (+ CN XI)	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 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

^ and ^^ These are ^ the pressurizable, riftable "Inroad Channel" and ^^ the "Resulting Structure" of Part 2

***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 - 12:36a | Eye part 3 |	Pyloric gland	Duodenum	part 3	part 3	part 3	Nipples
12:36a - 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 V	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 CENTER is UPPER 2nd PRE-MOLAR 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 CENTER is ZYGOMATIC 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 CENTER is T6 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 Centers to approach optimal function, there can be no misalignment of their 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 nasal meatuses to activate ethmoid cells 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-12:36am >	Part 3<hormone>	Pyloric Gland	Duodenum	Part 3	Part 3	Part 3	nipples
12:36am-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 VI	Nerve T7	Part 6	Part 6	Part 6	vagina

1/11/2015 DAY 1 BOB-C above (UPPER 2nd PRE-MOLAR) instigates alteration (itself altering) to the Parietal Bone's RNA-making Apparatus (by way of Tympanic Cells) thru aegis of Inferior Frontal Gyrus, Triangular Part.

Associated bones/muscles are (1) Zygomatic 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-C below was originated, and is altered, by L4 (by way of Mastoid Cells) in conjunction with Cranial Nerve XII (Hypoglossal).

DAY 2 BOB-C > (1) ZYGOMATIC 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-C below was originated, and is altered, by RLS 8'.

(1) Zygomatic Bone - eye's orbitalis muscle
(2) Hook of Hamate - small intestine, muscularis mucosa

(3) S1
risorius

(4) Mc PP4
infraspinatus

(5) T6 > DAY 3 BOB-C
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,	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 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: Keep constant alignment of L5, McSs2, McSs1, MtSs1 (using YUOIEA, Mt3) and Day 3's Spinal Nerve.

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

^ and ^^ These are ^ the pressurizable, riftable "Inroad Channel" and ^^ the "Resulting Structure" of Part 2

***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 - 12:36a | Eye part 3 |	Pyloric gland	Duodenum	part 3	part 3	part 3	Nipples
12:36a - 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 VI	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 CENTER is LOWER 2nd PRE-MOLAR 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 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 CENTER is ZYGOMATIC 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 CENTER is RIB 6 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 Centers to approach optimal function, there can be no misalignment of their 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 nasal meatuses to activate ethmoid cells 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-12:36am >	Part 3<hormone>	Pyloric Gland	Duodenum	Part 3	Part 3	Part 3	nipples
12:36am-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-C above (LOWER 2nd PRE-MOLAR) instigates alteration (itself altering) to the Parietal Bone's Protein-making Apparatus (by way of Tympanic Cells) through aegis of Inferior Frontal Gyrus, Opercular 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-C below was originated, and is altered, by L4 (by way of Mastoid Cells) in conjunction with Cranial Nerve XII (Hypoglossal).

DAY 2 BOB-C > (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-C below was originated, and is altered, by 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-C
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, opercular part ^^;	Sup.lac.can. & Sup. petrosal sinuses & 6 Exit correspondents* & Lower 2nd pre-molars ^ & Inferior frontal gyri, opercular part ^^,	Lowee 2nd pre-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 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: Keep constant alignment of L5, McSs2, McSs1, MtSs1 (using YUOIEA, Mt3) and Day 3's Spinal Nerve.

^/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

^ and ^^ These are ^ the pressurizable, riftable "Inroad Channel" and ^^ the "Resulting Structure" of Part 2

***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 - 12:36a | Eye part 3 |	Pyloric gland	Duodenum	part 3	part 3	part 3	Nipples
12:36a - 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 CENTER is UPPER 1st PRE-MOLAR 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 CENTER is TEMPORAL 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 CENTER is T7 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 Centers to approach optimal function, there can be no misalignment of their 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 superior nasal meatus to activate sphenoid sinus 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-12:36am >	Part 3<hormone>	Pancreas	Duodenum	Part 3	Part 3	Part 3	nipples
12:36am-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-C above (UPPER 1st PRE-MOLAR) instigates alteration (itself altering thereby) to the Temporal Bone's RNA-making Apparatus (by way of Mastoid Cells) through aegis of the Supra-marginal 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-C below was originated, and is altered, by Parietal Bone's overseen Series of Soft Tissue Structure (by way of Mastoid Cells) in conjunction with Cranial Nerve XI (Accessory).

DAY 2 BOB-C > (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-C below was originated, and is altered, by 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-C
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,	As above but for the Thymus, celiac trunk, suprarenal glands + 3 others ^ (+ CN XI)	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: Keep constant alignment of L5, McSs2, McSs1, MtSs1 (using YUOIEA, Mt3) and Day 3's Spinal Nerve.

^ = 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 - from mandible's depression below incisive teeth (incisive fossa) slanting centrally toward chin's tip
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

^ and ^^ These are ^ the pressurizable, riftable "Inroad Channel" and ^^ the "Resulting Structure" of Part 2

*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 - 12:36a | Eye part 3 | Pancreas	Duodenum	part 3	part 3	part 3	Nipples
12:36a - 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 CENTER is LOWER 1st PRE-MOLAR 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 CENTER is TEMPORAL 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 CENTER is RIB 7 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 Centers to approach optimal function, there can be no misalignment of their 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 superior nasal meatus to activate sphenoid sinus 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-12:36am >	Part 3<hormone>	Pancreas	Duodenum	Part 3	Part 3	Part 3	nipples
12:36am-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 VII	Nerve T10	Part 6	Part 6	Part 6	vagina

1/20/2015 DAY 1 BOB-C above (LOWER 1st PRE-MOLAR) instigates alteration (itself altering thereby) to Temporal Bone's Protein-making Apparatus (by way of Mastoid Cells) through aegis of Superior Temporal Gyrus.

Associated bones/muscles are (1) Temporal 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-C below was originated, and is altered, by Parietal Bone's overseen Series of Soft Tissue Structure (by way of Mastoid Cells) in conjunction with Cranial Nerve XI (Accessory).

DAY 2 BOB-C > (1) TEMPORAL 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-C below was originated, and is altered, by RLS 6'.

(1) Temporal 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-C
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 the Thymus, celiac trunk, suprarenal glands + 3 others ^ (+ CN XI)	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 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: Keep constant alignment of L5, McSs2, McSs1, MtSs1 (using YUOIEA, Mt3) and Day 3's Spinal Nerve.

^ = 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

^ and ^^ These are ^ the pressurizable, riftable "Inroad Channel" and ^^ the "Resulting Structure" of Part 2

***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 - 12:36a | Eye part 3 |	Pancreas	Duodenum	part 3	part 3	part 3	Nipples
12:36a - 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 VII	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 CENTER is LACRIMAL BONE with breath through the 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 CENTER is ZYGOMATIC 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 CENTER is T8 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 Centers to approach optimal function, there can be no misalignment of their 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 superior nasal meatus to activate sphenoid sinus 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-12:36am >	Part 3<hormone>	Pancreas	Duodenum	Part 3	Part 3	Part 3	nipples
12:36am-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 VIII	Nerve T11	Part 6	Part 6	Part 6	vagina

1/23/2015 DAY 1 BOB-C above (LACRIMAL BONE) was originated, and is altered, by the 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) Zygomatic 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-C below was originated, and is altered, by L4 (by way of Mastoid Cells) in conjunction with Cranial Nerve XII (Hypoglossal).

DAY 2 BOB-C > (1) ZYGOMATIC 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-C below was originated, and is altered, by LLS 6'.

(1) Zygomatic 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-C
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,	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 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: Keep constant alignment of L5, McSs2, McSs1, MtSs1 (using YUOIEA, Mt3) and Day 3's Spinal Nerve.

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

^ and ^^ These are ^ the pressurizable, riftable "Inroad Channel" and ^^ the "Resulting Structure" of Part 2

***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 - 12:36a | Eye part 3 |	Pancreas	Duodenum	part 3	part 3	part 3	Nipples
12:36a - 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 VIII	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 CENTER is MAXILLA BONE with breath through the 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 CENTER is ZYGOMATIC 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 CENTER is RIB 8 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 Centers to approach optimal function, there can be no misalignment of their 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 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 superior nasal meatus to activate sphenoid sinus 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-12:36am >	Part 3<hormone>	Pancreas	Duodenum	Part 3	Part 3	Part 3	nipples
12:36am-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-C above (MAXILLA BONE) was originated, and is altered, by 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-C below was originated, and is altered, by L4 (by way of Mastoid Cells) in conjunction with Cranial Nerve XII (Hypoglossal).

DAY 2 BOB-C > (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-C below was originated, and is altered, by 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-C
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: Keep constant alignment of L5, McSs2, McSs1, MtSs1 (using YUOIEA, Mt3) and Day 3's Spinal Nerve.

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

^ and ^^ These are ^ the pressurizable, riftable "Inroad Channel" and ^^ the "Resulting Structure" of Part 2

***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 - 12:36a | Eye part 3 |	Pancreas	Duodenum	part 3	part 3	part 3	Nipples
12:36a - 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 CENTER is UPPER CANINE with breath through the 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 CENTER is TEMPORAL 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 CENTER is T9 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 Centers to approach optimal function, there can be no misalignment of their 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 middle nasal meatus to activate maxillary 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-12:36am >	Pt. 3<hormone>	Suprarenal Gland	Duodenum	Part 3	Part 3	Part 3	nipples
12:36am-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-C above (UPPER CANINE) instigates alteration (itself altering thereby) to Lateral Sesamoid of Mt Ss 1 (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-C below was originated, and is altered, by Parietal Bone's overseen Series of Soft Tissue Structure (by way of Mastoid Cells) in conjunction with Cranial Nerve XI (Accessory).

DAY 2 BOB-C > (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-C below was originated, and is altered, by LLS 5'.

(1) Temporal Bone - eye's orbitalis muscle
(2) Stapes - external oblique abdominus

(3) L1
zygomaticus major

(4) Mc 3
adductor pollicis, transverse head

(5) T9 > DAY 3 BOB-C
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,	As above but for the Thymus, celiac trunk, suprarenal glands + 3 others ^ (+ CN XI)	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: Keep constant alignment of L5, McSs2, McSs1, MtSs1 (using YUOIEA, Mt3) and Day 3's Spinal Nerve.

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 | toward linea alba, 24-hour fiber progress down
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

^ and ^^ These are ^ the pressurizable, riftable "Inroad Channel" and ^^ the "Resulting Structure" of Part 2

***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 - 12:36a | Eye part 3 |	Suprarenal Gland	Duodenum	part 3	part 3	part 3	Nipples
12:36a - 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 CENTER is LOWER CANINE 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 CENTER is TEMPORAL 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 CENTER is RIB 9 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 Centers to approach optimal function, there can be no misalignment of their 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 middle nasal meatus to activate maxillary 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-12:36am >	Pt. 3<hormone>	Suprarenal Gland	Duodenum	Part 3	Part 3	Part 3	nipples
12:36am-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 IX	Nerve L2	Part 6	Part 6	Part 6	vagina

2/1/2015 DAY 1 BOB-C above (LOWER CANINE) instigates alteration (itself altering thereby) to Lateral Sesamoid of Mt Ss 1 (by way of balanced, full MtSs1) through aegis of the Lateral Occipitotemporal Gyrus.

Associated bones/muscles are (1) Temporal Bone - eye's dilator muscle
(2) Hyoid - transversus thoracis
(3) L2 superficial masseter
(4) Trapezium opponens pollicis
(5) Rib 9 cricothyroid, straight part
(6) Cuneiform Medial semitendinosus

2/2/2015 Day 2 Bob-C below was originated, and is altered, by Parietal Bone's overseen Series of Soft Tissue Structure (by way of Mastoid Cells) in conjunction with Cranial Nerve XI (Accessory).

DAY 2 BOB-C > (1) TEMPORAL 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-C below was originated, and is altered, by RLS 4'.

(1) Temporal Bone - eye's orbitalis muscle
(2) Hyoid - transversus abdominus
(3) L2 deep masseter
(4) Trapezium opponens digiti minimi
(5) RIB 9 > DAY 3 BOB-C cricothyroid, oblique 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 ^	Lateral sesamoid of Mt Ss 1s^^ as well as Lateral occipitotemporal gyri^^;	Sup. lac. can. & Sup. sag. sinuses & 6 Exit correspondents* & Lower canines ^ & Lateral sesamoid of MtSs1s^^ & Lat. occipitotemporal gyri^^,	Lower canines ^ **And intake into** Lateral 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 the Thymus, celiac trunk, suprarenal glands + 3 others ^ (+ CN XI)	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 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: Keep constant alignment of L5, McSs2, McSs1, MtSs1 (using YUOIEA, Mt3) and Day 3's Spinal Nerve.

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** in 24 hrs.
superficial masseter - from maxilla under zygomatic bone to coronoid process & anterior ramus
opponens pollicis - from flexor retinaculum/scaphoid/trapezium out & under to length of Mc 1 outer border
cricothyroid, straight part - from front of cricoid cartilage up to inside bottom border of thyroid cartilage
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** inward
temporalis - from coronoid process spreading to all along side of head
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 **v** upward in 24 hours
deep masseter - from zygomatic arch to down along anterior ramus of mandible
opponens digiti minimi - from upper flexor retinaculum & hook of hamate up & under to lateral Mc 5
cricothyroid, oblique part - lateral from straight part (see above) to inner thyroid cartilage behind oblique line
semimembranosus - from ishial tuberosity lateral to semitendinosus to band at tibia's posterior medial top

^ and ^^ These are ^ the pressurizable, riftable "Inroad Channel" and ^^ the "Resulting Structure" of Part 2

***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 - 12:36a | Eye part 3 |	Suprarenal Gland	Duodenum	part 3	part 3	part 3	Nipples
12:36a - 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 IX	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 CENTER is UPPER LATERAL INCISOR 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 CENTER is ZYGOMATIC 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 CENTER is T10 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 Centers to approach optimal function, there can be no misalignment of their 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 middle nasal meatus to activate maxillary 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-12:36am >	Pt. 3<hormone>	Suprarenal Gland	Duodenum	Part 3	Part 3	Part 3	nipples
12:36am-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 X	Nerve L3	Part 6	Part 6	Part 6	vagina

2/4/2015 DAY 1 BOB-C above (UPPER LATERAL INCISOR) instigates alteration (itself altering thereby) to Lateral Sesamoid of Mt Ss 1 (by way of full Mt Ss 1) through aegis of the Medial Occipitotemporal Gyrus.

Associated bones/muscles are (1) Zygomatic 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
psoas

2/5/2015 Day 2 Bob-C below was originated, and is altered, by L4 (by way of Mastoid Cells) in conjunction with Cranial Nerve XII (Hypoglossal).

DAY 2 BOB-C > (1) ZYGOMATIC 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
quadratus lumborum

2/6/2015 Day 3 Bob-C below was originated, and is altered, by LLS 4'.

(1) Zygomatic 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-C
buccinator

(6) Mt PP3
iliacus

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^^; Lateral sesamoid of MtSs1s^^ & Med. 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 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 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: Keep constant alignment of L5, McSs2, McSs1, MtSs1 (using YUOIEA, Mt3) and Day 3's Spinal Nerve.

v = down arrow **Direction** of **Stretch** for **Muscles** on **Front** of **Page** (~ & mylohyoid raphes & tongue)

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
psoas - from T12 and L1-L4 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(~ above)
quadratus lumborum - from medial iliac crest up to medial 1/2 of 12th rib & lumbar transverse processes

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 **v** angles
iliacus - from anterior iliac crest down fossa to inner top of femur's lesser trochanter

^ and ^^ These are ^ the pressurizable, riftable "Inroad Channel" and ^^ the "Resulting Structure" of Part 2

***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 - 12:36a | Eye part 3 |	Suprarenal Gland	Duodenum	part 3	part 3	part 3	Nipples
12:36a - 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 X	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 CENTER is LOWER LATERAL INCISOR 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 CENTER is ZYGOMATIC 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 CENTER is RIB 10 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 Centers to approach optimal function, there can be no misalignment of their 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 middle nasal meatus to activate maxillary 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-12:36am >	Pt. 3<hormone>	Suprarenal Gland	Duodenum	Part 3	Part 3	Part 3	nipples
12:36am-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-C above (LOWER LATERAL INCISOR) instigates alteration (itself altering thereby) to Lateral Sesamoid of Mt Ss 1 (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-C below was originated, and is altered, by L4 (by way of Mastoid Cells) in conjunction with Cranial Nerve XII (Hypoglossal).

DAY 2 BOB-C > (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-C below was originated, and is altered, by 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-C
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 ^	Lateral sesamoid of Mt Ss 1s^^ as well as Parahippocampal gyri ^^;	Sup. lac. can. & Sup. sag. si. & 6 Exit correspondents* & Lower lateral incisors ^ & Lateral sesamoid of Mt Ss 1s ^^ & Parahippocampal gyri ^^,	Lower lateral incisors ^ **And intake into** Lateral 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: Keep constant alignment of L5, McSs2, McSs1, MtSs1 (using YUOIEA, Mt3) and Day 3's Spinal Nerve.

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

^ and ^^ These are ^ the pressurizable, riftable "Inroad Channel" and ^^ the "Resulting Structure" of Part 2

***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 - 12:36a | Eye part 3 |	Suprarenal Gland	Duodenum	part 3	part 3	part 3	Nipples
12:36a - 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 CENTER is UPPER CENTRAL INCISOR with breath through Nasolacrimal Duct (N.D.) & Superior Lacrimal Canaliculus to activate the Inferior Sagittal Sinus thereby arranging the 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 CENTER is TEMPORAL 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 CENTER is T11 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 Centers to approach optimal function, there can be no misalignment of their 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 frontonasal duct to activate frontal sinus 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-12:36am >	Part 3<hormone>	Gonads	Duodenum	Part 3	Part 3	Part 3	nipples
12:36am-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-C above (UPPER CENTRAL INCISOR) instigates alteration (itself altering thereby) to the Lateral Sesamoid of Mt Ss 1 (by way of balanced full Mt Ss 1) through aegis of the Post-central 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-C below was originated, and is altered, by Parietal Bone's overseen Series of Soft Tissue Structure (by way of Mastoid Cells) in conjunction with Cranial Nerve XI (Accessory).

DAY 2 BOB-C > (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 Palatine
Day 3 Tonsil is Pharyngeal

2/12/2015 Day 3 Bob-C below was originated, and is altered, by 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-C
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 Thymus, celiac trunk, suprarenal glands + 3 others ^ (+ CN XI)	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: Keep constant alignment of L5, McSs2, McSs1, MtSs1 (using YUOIEA, Mt3) and Day 3's Spinal Nerve.

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 intermediate tendon (see below) up to medial greater horn of hyoid bone
tibialis anterior - from upper 1/2 anterior lateral tibia & adjoining interosseous membrane to posterior (~above)

pyramidalis - from a small lowest section of linea alba slightly obliquely outward & down to anterior pubis
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

^ and ^^ These are ^ the pressurizable, riftable "Inroad Channel" and ^^ the "Resulting Structure" of Part 2

*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 - 12:36a | Eye part 3 |	Gonads	Duodenum	part 3	part 3	part 3	Nipples
12:36a - 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 CENTER is LOWER CENTRAL INCISOR with breath through Nasolacrimal Duct (N.D.) & Superior Lacrimal Canaliculus to activate the Inferior Sagittal Sinus thereby arranging the 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 CENTER is TEMPORAL 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 CENTER is RIB 11 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 Centers to approach optimal function, there can be no misalignment of their 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 frontonasal duct to activate frontal sinus 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-12:36am >	Part 3<hormone>	Gonads	Duodenum	Part 3	Part 3	Part 3	nipples
12:36am-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 XI	Nerve S1	Part 6	Part 6	Part 6	vagina

2/13/2015 DAY 1 BOB-C above (LOWER CENTRAL INCISOR) instigates alteration (itself altering thereby) to the Lateral Sesamoid of MtSs1 (by way of balanced full MtSs1) through aegis of the Precentral Gyrus.

Associated bones/muscles are (1) Temporal 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 Palatine
Day 3 Tonsil is Pharyngeal

2/14/2015 Day 2 Bob-C below was originated, and is altered, by Parietal Bone's overseen Series of Soft Tissue Structure (by way of Mastoid Cells) in conjunction with Cranial Nerve XI (Accessory).

DAY 2 BOB-C > (1) TEMPORAL 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-C below was originated, and is altered, by RLS 2'.

(1) Temporal 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-C
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 ^	Lateral sesamoid of Mt Ss 1s^^ as well as Precentral gyri ^^;	Sup. lac. can. & Inf. sag. si. & 6 Exit correspondents* & Lower central incisors ^ & Lateral sesamoid of Mt Ss 1s ^^ & Precentral gyri ^^,	Lower central incisors ^ **And intake into** Lateral 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 the Thymus, celiac trunk, suprarenal glands + 3 others ^ (+ CN XI)	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 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: Keep constant alignment of L5, McSs2, McSs1, MtSs1 (using YUOIEA, Mt3) and Day 3's Spinal Nerve.

^ / 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 **^**

^ and ^^ These are ^ the pressurizable, riftable "Inroad Channel" and ^^ the "Resulting Structure" of Part 2

***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 - 12:36a | Eye part 3 |	Gonads	Duodenum	part 3	part 3	part 3	Nipples
12:36a - 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 XI	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 CENTER is BODY OF MANDIBLE with breath through Nasolacrimal Duct (N.D.) & Superior Lacrimal Canaliculus to activate the Inferior Sagittal Sinus thereby arranging the 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 CENTER is ZYGOMATIC BONE with 2nd component of breath through N.D. & 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 CENTER is T12 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 Centers to approach optimal function, there can be no misalignment of their 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 frontonasal duct to activate frontal sinus 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-12:36am >	Part 3<hormone>	Gonads	Duodenum	Part 3	Part 3	Part 3	nipples
12:36am-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 XII	Nerve S2	Part 6	Part 6	Part 6	vagina

2/16/2015 DAY 1 BOB-C above (BODY OF MANDIBLE) was originated, and is altered, by the Medial Sesamoid of Mc Ss 1 (by way of balanced full McSs1) through aegis of Middle Frontal Gyrus.

Associated bones/muscles are (1) Zygomatic 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 Palatine
Day 3 Tonsil is Pharyngeal

2/17/2015 Day 2 Bob-C below was originated, and is altered, by L4 (by way of Mastoid Cells) in conjunction with Cranial Nerve XII (Hypoglossal).

DAY 2 BOB-C > (1) ZYGOMATIC BONE - eye's sphincter muscle
Associated bones/muscles are (2) Calcaneus - superficial transverse perineal

(3) Mc Ss 1
genioglossus, vertical fibers

(4) Mc DP3
extensor carpi ulnaris

(5) T12
hyoglossus

(6) Mt DP3
sartorius

2/18/2015 Day 3 Bob-C below was originated, and is altered, by LLS 1+2'.

(1) Zygomatic Bone - eye's orbitalis muscle
(2) Calcaneus - ischiocavernosus

(3) Mc Ss 1
genioglossus, oblique fibers

(4) Mc DP3
extensor digiti minimi

(5) T12 > DAY 3 BOB-C
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 ^ + Middle frontal gyri ^	Body of mandible^^;	Sup. lac. can. & Inf. sag. si. & 6 Exit correspondents* & Medial sesamoid of Mc Ss 1s ^ + Middle frontal gyri ^ & Body of mandible ^^,	Medial sesamoid of Mc Ss 1s^ + Middle frontal gyri ^ **And intake into** Body of mandible ^^	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 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: Keep constant alignment of L5, McSs2, McSs1, MtSs1 (using YUOIEA, Mt3) and Day 3's Spinal Nerve.

^/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, vertical fibers - from front underpart of tongue to central upper posterior mandible | humerus
extensor carpi ulnaris - from outside (edge) base of Mc 5 to outside (edge) part of lateral epicondyle of **^**
hyoglossus - from lower side of tongue to length of hyoid's greater horn & lateral body of hyoid
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, oblique fibers - from central mid-posterior mandible to mid-to-back under portion 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

^ and ^^ These are ^ the pressurizable, riftable "Inroad Channel" and ^^ the "Resulting Structure" of Part 2

***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 - 12:36a | Eye part 3 |	Gonads	Duodenum	part 3	part 3	part 3	Nipples
12:36a - 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 XII	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 CENTER is RAMUS OF MANDIBLE with breath through Nasolacrimal Duct (N.D.) & Superior Lacrimal Canaliculus to activate the Inferior Sagittal Sinus thereby arranging the 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 CENTER is ZYGOMATIC BONE with 2nd component of breath through N.D. & 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 CENTER is RIB 12 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 Centers to approach optimal function, there can be no misalignment of their 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 frontonasal duct to activate frontal sinus 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-12:36am >	Part 3<hormone>	Gonads	Duodenum	Part 3	Part 3	Part 3	nipples
12:36am-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-C above (RAMUS OF MANDIBLE) was originated, and is altered, by 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 Palatine
Day 3 Tonsil is Pharyngeal

2/20/2015 Day 2 Bob-C below was originated, and is altered, by L4 (by way of Mastoid Cells) in conjunction with Cranial Nerve XII (Hypoglossal).

DAY 2 BOB-C > (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-C below was originated, and is altered, by 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-C
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 ^ + Superior frontal gyri ^	Rami of mandible^^; & Rami of mandible ^^,	Sup. lac. can. & Inferior sagital sinuses & 6 Exit correspondents* & Mc Ss 2s ^ + Superior frontal gyri ^	Mc Ss 2s ^ + Superior frontal gyri ^ **And intake into** Rami of mandible ^^	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: Keep constant alignment of L5, McSs2, McSs1, MtSs1 (using YUOIEA, Mt3) and Day 3's Spinal Nerve.

^ / 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 C7-1 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

^ and ^^ These are ^ the pressurizable, riftable "Inroad Channel" and ^^ the "Resulting Structure" of Part 2

***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 - 12:36a | Eye part 3 |	Gonads	Duodenum	part 3	part 3	part 3	Nipples
12:36a - 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 CENTER is UPPER CENTRAL INCISOR with breath through Nasolacrimal Duct (N.D.) & Superior Lacrimal Canaliculus to activate the Inferior Sagittal Sinus thereby arranging the 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 CENTER is TEMPORAL 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 CENTER is FIBULA with 3rd component of breath through Frontonasal Duct to activate Frontal Sinus thereby arranging SPINAL NERVE 21 (L5 Spinal Nerve) to continue proper gyrus function, muscles are as shown.

In order for the above described Bob Centers to approach optimal function, there can be no misalignment of their associated bone, muscle and organ structures. In the lower set of boxed columns below, preceeded 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 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 frontonasal duct to activate frontal sinus 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-12:36am >	Part 3<hormone>	Gonads	Duodenum	Part 3	Part 3	Part 3	nipples
12:36am-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-C above (UPPER CENTRAL INCISOR) instigates alteration (itself altering thereby) to the Lateral Sesamoid of Mt Ss 1 (by way of balanced full Mt Ss 1) through aegis of the Post-central 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-C below was originated, and is altered, by Parietal Bone's overseen Series of Soft Tissue Structure (by way of Mastoid Cells) in conjunction with Cranial Nerve XI (Accessory).

DAY 2 BOB-C > (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 Palatine
Day 3 Tonsil is Pharyngeal

2/24/2015 Day 3 Bob-C below instigates alteration (itself altering thereby) to the Temporal Bone's Tonsils.

(1) Temporal Bone - eye's orbitalis muscle
DAY 3 BOB-C > (2) FIBULA - sternocleidomastoid, clavicular head

(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 ^^;	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 Thymus, celiac trunk, suprarenal glands + 3 others ^ (+ CN XI)	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	Frontonasal ducts "to" Frontal sinuses,	As above but for the Fibulas ^	As above but for the Temporal bones' tonsils ^^; & Temporal bones' tonsils ^^,	Frontal sinuses & 6 Exit correspondents* & Fibulas ^	Fibulas ^ **And intake into** Tem. bones' tonsils ^^	Breath "to" Frontal sinuses to disperse to receiving destinations	As above

Note: Keep constant alignment of L5, McSs2, McSs1, MtSs1 (using YUOIEA, Mt3) and Day 3's Spinal Nerve.

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 intermediate tendon (see below) up to medial greater horn of hyoid bone
tibialis anterior - from upper 1/2 anterior lateral tibia & adjoining interosseous membrane to posterior (~above)

pyramidalis - from a small lowest section of linea alba slightly obliquely outward & down to anterior pubis
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

^ and ^^ These are ^ the pressurizable, riftable "Inroad Channel" and ^^ the "Resulting Structure" of Part 2

***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 - 12:36a | Eye part 3 |	Gonads	Duodenum	part 3	part 3	part 3	Nipples
12:36a - 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 CENTER is LOWER CENTRAL INCISOR with breath through Nasolacrimal Duct (N.D.) & Superior Lacrimal Canaliculus to activate the Inferior Sagittal Sinus thereby arranging the 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 CENTER is TEMPORAL 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 CENTER is PATELLA with 3rd component of breath through Frontonasal Duct to activate Frontal Sinus 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 Centers to approach optimal function, there can be no misalignment of their associated bone, muscle and organ structures. In the lower set of boxed columns below, preceeded 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 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 frontonasal duct to activate frontal sinus 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-12:36am >	Part 3<hormone>	Gonads	Duodenum	Part 3	Part 3	Part 3	nipples
12:36am-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 XI	Nerve S1	Part 6	Part 6	Part 6	vagina

2/25/2015 DAY 1 BOB-C above (LOWER CENTRAL INCISOR) instigates alteration (itself altering thereby) to the Lateral Sesamoid of Mt Ss 1 (by way of balanced full Mt Ss 1) through aegis of the Pre-central Gyrus.

Associated bones/muscles are (1) Temporal 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-C below was originated, and is altered, by Parietal Bone's overseen Series of Soft Tissue Structure (by way of Mastoid Cells) in conjunction with Cranial Nerve XI (Accessory).

DAY 2 BOB-C > (1) TEMPORAL 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 Palatine
Day 3 Tonsil is Pharyngeal

2/27/2015 Day 3 Bob-C below instigates alteration (itself altering thereby) to the Temporal Bone's Iliac Artery.

(1) Temporal Bone - eye's orbitalis muscle
DAY 3 BOB-C > (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 ^	Lateral sesamoid of Mt Ss 1s^^ as well as Precentral gyri ^^; & Precentral gyri ^^,	Sup. lac. can. & Inf. sag. si. & 6 Exit correspondents* & Lower central incisors ^ & Lateral sesamoid of Mt Ss 1s ^^	Lower central incisors ^ **And intake into** Lateral 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 the Thymus, celiac trunk, suprarenal glands + 3 others ^ (+ CN XI)	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	Frontonasal ducts "to" Frontal sinuses,	As above but for the Patellas ^ bones' iliac arteries ^^; & Temporal bones' iliac arteries ^^,	As above but for the Temporal	Frontal sinuses & 6 Exit correspondents* & Patellas ^	Patellas ^ **& intake into** Temporal bones' iliac arteries ^^	Breath "to" Frontal sinuses to disperse to receiving destinations	As above

Note: Keep constant alignment of L5, McSs2, McSs1, MtSs1 (using YUOIEA, Mt3) and Day 3's Spinal Nerve.

^ / 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 **^**

^ and ^^ These are ^ the pressurizable, riftable "Inroad Channel" and ^^ the "Resulting Structure" of Part 2

***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 - 12:36a | Eye part 3 |	Gonads	Duodenum	part 3	part 3	part 3	Nipples
12:36a - 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 XI	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 CENTER is BODY OF MANDIBLE with breath through Nasolacrimal Duct (N.D.) & Superior Lacrimal Canaliculus to activate the Inferior Sagittal Sinus thereby arranging the 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 CENTER is ZYGOMATIC BONE with 2nd component of breath through N.D. & 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 CENTER is CALCANEUS with 3rd component of breath through Frontonasal Duct to activate Frontal Sinus 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 Centers to approach optimal function, there can be no misalignment of their associated bone, muscle and organ structures. In the lower set of boxed columns below, preceeded 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 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 frontonasal duct to activate frontal sinus 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-12:36am >	Part 3<hormone>	Gonads	Duodenum	Part 3	Part 3	Part 3	nipples
12:36am-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 XII	Nerve S2	Part 6	Part 6	Part 6	vagina

2/28/2015 DAY 1 BOB-C above (BODY OF MANDIBLE) was originated, and is altered, by the Medial Sesamoid of Mc Ss 1 (by way of balanced full McSs1) through aegis of Middle Frontal Gyrus.

Associated bones/muscles are (1) Zygomatic 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 Palatine
Day 3 Tonsil is Pharyngeal

3/1/2015 Day 2 Bob-C below was originated, and is altered, by L4 (by way of Mastoid Cells) in conjunction with Cranial Nerve XII (Hypoglossal).

DAY 2 BOB-C > (1) ZYGOMATIC BONE - eye's sphincter muscle
Associated bones/muscles are (2) Calcaneus - superficial transverse perineal

(3) Mc Ss 1
genioglossus, vertical fibers

(4) Mc DP3
extensor carpi ulnaris

(5) T12
hyoglossus

(6) Mt DP3
sartorius

3/2/2015 Day 3 Bob-C below instigates alteration (itself altering thereby) to the Temporal Bone's Gonads.

(1) Zygomatic Bone - eye's orbitalis muscle
DAY 3 BOB-C > (2) CALCANEUS - ischiocavernosus

(3) Mc Ss 1
genioglossus, oblique 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 ^ + Middle frontal gyri ^	Body of mandible^^;	Sup. lac. can. & Inf. sag. si. & 6 Exit correspondents* & Medial sesamoid of Mc Ss 1s ^ + Middle frontal gyri ^ & Body of mandible ^^,	Medial sesamoid of Mc Ss 1s^ + Middle frontal gyri ^ **And intake into** Body of mandible ^^	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	Frontonasal ducts "to" Frontal sinuses,	As above but for the Calcanei ^ bones' gonads ^^; & Temporal bones' gonads ^^,	As above but for the Temporal	Frontal sinuses & 6 Exit correspondents* & Calcanei ^	Calcanei ^ **& intake into** Temporal bones' gonads ^^	Breath "to" Frontal sinuses to disperse to receiving destinations	As above

Note: Keep constant alignment of L5, McSs2, McSs1, MtSs1 (using YUOIEA, Mt3) and Day 3's Spinal Nerve.

^/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, vertical fibers - from front underpart of tongue to central upper posterior mandible | humerus
extensor carpi ulnaris - from outside (edge) base of Mc 5 to outside (edge) part of lateral epicondyle of **^**
hyoglossus - from lower side of tongue to length of hyoid's greater horn & lateral body of hyoid
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, oblique fibers - from central mid-posterior mandible to mid-to-back under portion 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

^ and ^^ These are ^ the pressurizable, riftable "Inroad Channel" and ^^ the "Resulting Structure" of Part 2

***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 - 12:36a | Eye part 3 |	Gonads	Duodenum	part 3	part 3	part 3	Nipples
12:36a - 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 XII	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 CENTER is RAMUS OF MANDIBLE with breath through Nasolacrimal Duct (N.D.) & Superior Lacrimal Canaliculus to activate the Inferior Sagittal Sinus thereby arranging the 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 CENTER is ZYGOMATIC BONE with 2nd component of breath through N.D. & 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 CENTER is TALUS with 3rd component of breath through Frontonasal Duct to activate Frontal Sinus 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 Centers to approach optimal function, there can be no misalignment of their associated bone, muscle and organ structures. In the lower set of boxed columns below, preceeded 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 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 frontonasal duct to activate frontal sinus 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-12:36am >	Part 3<hormone>	Gonads	Duodenum	Part 3	Part 3	Part 3	nipples
12:36am-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

3/3/2015 DAY 1 BOB-C above (RAMUS OF MANDIBLE) was originated, and is altered, by 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-C below was originated, and is altered, by L4 (by way of Mastoid Cells) in conjunction with Cranial Nerve XII (Hypoglossal).

DAY 2 BOB-C > (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 Palatine
Day 3 Tonsil is Pharyngeal

3/5/2015 Day 3 Bob-C below instigates alteration (itself altering thereby) to the Temporal Bone's DNA-making Apparatus.

(1) Zygomatic Bone - eye's orbitalis muscle
DAY 3 BOB-C > (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
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 ^ + Superior frontal gyri ^	Rami of mandible^^; & Rami of mandible ^^,	Sup. lac. can. & Inferior sagital sinuses & 6 Exit correspondents* & Mc Ss 2s ^ + Superior frontal gyri ^	Mc Ss 2s ^ + Superior frontal gyri ^ **And intake into** Rami of mandible ^^	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	Frontonasal ducts "to" Frontal sinuses,	As above but for the Tali ^ b.s' DNA-making app. ^^; poral bones' DNA-making	As above but for the Temporal	Frontal sinuses & 6 Exit correspondents* & Tali ^ & Temporal b.s DNA-making apparatus ^^,	Tali ^ **& intake into** Temporal b.s DNA-making apparatus ^^	Breath "to" Frontal sinuses to disperse to receiving destinations	As above

Note: Keep constant alignment of L5, McSs2, McSs1, MtSs1 (using YUOIEA, Mt3) and Day 3's Spinal Nerve.

^ / 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 C7-1 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

^ and ^^ These are ^ the pressurizable, riftable "Inroad Channel" and ^^ the "Resulting Structure" of Part 2

***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 - 12:36a | Eye part 3 |	Gonads	Duodenum	part 3	part 3	part 3	Nipples
12:36a - 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 CENTER is ETHMOID 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 CENTER is LACRIMAL BONE with 2nd component of breath through the 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 CENTER is 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 Centers to approach optimal function, there can be no misalignment of their associated bone, muscle and organ structures. In the lower set of boxed columns below, preceeded 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	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 Eustacean tube to activate mastoid cells 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-12:36am >	Part 3<hormone>	Pineal Gland	Duodenum	Part 3	Part 3	Part 3	nipples
12:36am-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-C above (ETHMOID BONE brought forth in forming cerebrum) was originated, and is altered, by S3 (by way of ingress of outside environment) through aegis of the Long Gyrus.

Associated bones/muscles are (1) Lacrimal 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-C below was originated, and is altered, by the Medial Sesamoid of Mt Ss 1, (by way of balanced full Mt Ss 1).

DAY 2 BOB-C > (1) LACRIMAL 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

3/8/2015 Day 3 Bob-C below was originated, and is altered, by 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-C 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,	Long gyri ^ (+ S3)	Ethmoid bone ^^ (+ cerebrum);	Sup.lac.can. & Sig./trans. sinuses & 6 Exit correspondents* & Long gyri ^ (+ S3) & Ethmoid bone ^^ (+ cerebrum),	Long gyri ^ (+ S3) **And intake into** Ethmoid bone ^^ (+ cerebrum)	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: Keep constant alignment of L5, McSs2, McSs1, MtSs1 (using YUOIEA, Mt3) and Day 3's Spinal Nerve.

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.

^ and ^^ These are ^ the pressurizable, riftable "Inroad Channel" and ^^ the "Resulting Structure" of Part 2

***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 - 12:36a | Eye part 3 |	Pineal Gland	Duodenum	part 3	part 3	part 3	Nipples
12:36a - 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 CENTER is 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 CENTER is LACRIMAL BONE with 2nd component of breath through the 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 CENTER is 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 Centers to approach optimal function, there can be no misalignment of their associated bone, muscle and organ structures. In the lower set of boxed columns below, preceeded 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 Eustacean tube to activate mastoid cells 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-12:36am >	Part 3<hormone>	Pineal Gland	Duodenum	Part 3	Part 3	Part 3	nipples
12:36am-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 I	Nerve C6	Part 6	Part 6	Part 6	vagina

3/9/2015 DAY 1 BOB-C above (SPHENOID BONE brought forth in forming cerebellum) was originated, and is altered, by C5 (by way of ingress of outside environment) through aegis of the Short Gyrus.

Associated bones/muscles are (1) Lacrimal 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-C below was originated, and is altered, by the Medial Sesamoid of Mt Ss 1, (by way of balanced full Mt Ss 1).

DAY 2 BOB-C > (1) LACRIMAL 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-C below was originated, and is altered, by the Upper Central Incisor.

(1) Lacrimal 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-C 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,	Short gyri ^ (+ C5)	Sphenoid bone ^^ (+ cerebellum);	Sup.lac.can. & Sig./trans. sinuses & 6 Exit correspondents* & Short gyri ^ (+ C5) & Sphenoid bone ^^ (+ cerebellum),	Short gyri ^ (+ C5) **And intake into** Sphenoid bone ^^ (+ cerebellum)	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 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.

^ and ^^ These are ^ the pressurizable, riftable "Inroad Channel" and ^^ the "Resulting Structure" of Part 2

***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 - 12:36a | Eye part 3 |	Pineal Gland	Duodenum	part 3	part 3	part 3	Nipples
12:36a - 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 I	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 CENTER is MAXILLA ALVEOLAR PROCESS 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 CENTER is MAXILLA 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 CENTER is 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 Centers to approach optimal function, there can be no misalignment of their associated bone, muscle and organ structures. In the lower set of boxed columns below, preceeded 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 Eustacean tube to activate mastoid cells 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-12:36am >	Part 3<hormone>	Pineal Gland	Duodenum	Part 3	Part 3	Part 3	nipples
12:36am-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 II	Nerve C7	Part 6	Part 6	Part 6	vagina

3/12/2015 DAY 1 BOB-C above (MAXILLA ALVEOLAR PROCESS) instigates alteration (itself altering thereby) to the Vomer Bone's RNA-making Apparatus (by way of Frontal Sinus) through aegis of the Dentate Gyrus.

Associated bones/muscles are (1) Maxilla 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-C below was originated, and is altered, by 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-C > (1) MAXILLA 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-C below was originated, and is altered, by the Lower Lateral Incisor.

(1) Maxilla 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-C 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 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 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: Keep constant alignment of L5, McSs2, McSs1, MtSs1 (using YUOIEA, Mt3) and Day 3's Spinal Nerve.

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.

^ and ^^ These are ^ the pressurizable, riftable "Inroad Channel" and ^^ the "Resulting Structure" of Part 2

*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 - 12:36a | Eye part 3 |	Pineal Gland	Duodenum	part 3	part 3	part 3	Nipples
12:36a - 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 II	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 CENTER is MANDIBLE ALVEOLAR PROCESS 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 CENTER is MAXILLA 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 CENTER is 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 Centers to approach optimal function, there can be no misalignment of their associated bone, muscle and organ structures. In the lower set of boxed columns below, preceeded 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 Eustacean tube to activate mastoid cells 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-12:36am >	Part 3<hormone>	Pineal Gland	Duodenum	Part 3	Part 3	Part 3	nipples
12:36am-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-C above (MANDIBLE ALVEOLAR PROCESS) instigates alteration (itself altering thereby) to the Vomer Bone's Protein-making Apparatus (by way of Frontal Sinus) through aegis of 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-C below was originated, and is altered, by 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-C > (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-C below was originated, and is altered, by 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-C
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 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: Keep constant alignment of L5, McSs2, McSs1, MtSs1 (using YUOIEA, Mt3) and Day 3's Spinal Nerve.

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.

^ and ^^ These are ^ the pressurizable, riftable "Inroad Channel" and ^^ the "Resulting Structure" of Part 2

***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 - 12:36a | Eye part 3 |	Pineal Gland	Duodenum	part 3	part 3	part 3	Nipples
12:36a - 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 CENTER is UPPER WISDOM TOOTH 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 CENTER is LACRIMAL 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 CENTER BOB is 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 Centers to approach optimal function, there can be no misalignment of their associated bone, muscle and organ structures. In the lower set of boxed columns below, preceeded 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 tympanic 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-12:36am >	Part 3<hormone>	Thyroid Gland	Duodenum	Part 3	Part 3	Part 3	nipples
12:36am-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-C above (UPPER WISDOM TOOTH) instigates alteration (itself altering thereby) to the Inferior Nasal Concha's RNA-making Apparatus (by way of Maxillary Sinus) through aegis of the Straight Gyrus.

Associated bones/muscles are

(1) Lacrimal Bone - eye's dilator muscle

(2) Scapula - platysma

(3) S4
thyroepiglottic

(4) Mc MP5
deltoid, back part

(5) T3
rotatores brevis

(6) Mt MP5
inferior gemellus

3/19/2015 Day 2 Bob-C below was originated, and is altered, by the Medial Sesamoid of Mt Ss 1, (by way of balanced full Mt Ss 1).

DAY 2 BOB-C > (1) LACRIMAL BONE - eye's sphincter muscle

Associated bones/muscles are (2) Scapula - hair follicle muscles

(3) S4
inferior oblique of eye

(4) Mc MP5
deltoid, middle part

(5) T3
multifidi

(6) Mt MP5
obturator externus

3/20/2015 Day 3 Bob-C below was originated, and is altered, by the Lower Canine.

(1) Lacrimal Bone - eye's orbitalis muscle

(2) Scapula - temporoparietalis

(3) S4
aryepiglottic

(4) Mc MP5
deltoid, 2nd front part

(5) T3
rotatores longus

(6) MT MP5 > DAY 3 BOB-C
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,	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 Lower canines ^	As above but for Mt MP5s^^;	Sup. nas. m. & RLS 8 & 6 Exit correspondents* & Lower canines ^ & Mt MP5s ^^,	Lower canines ^ **And intake into** Mt MP5s ^^	Breath "to" RLS 8 to disperse to lung part destinations	As above

Note: Keep constant alignment of L5, McSs2, McSs1, MtSs1 (using YUOIEA, Mt3) and Day 3's Spinal Nerve.

~ = 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 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

^ and ^^ These are ^ the pressurizable, riftable "Inroad Channel" and ^^ the "Resulting Structure" of Part 2

***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 - 12:36a | Eye part 3 |	Thyroid gland	Duodenum	part 3	part 3	part 3	Nipples
12:36a - 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 CENTER is LOWER WISDOM TOOTH 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 CENTER is LACRIMAL 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 CENTER is 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 Centers to approach optimal function, there can be no misalignment of their associated bone, muscle and organ structures. In the lower set of boxed columns below, preceeded 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 tympanic 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-12:36am >	Part 3<hormone>	Thyroid Gland	Duodenum	Part 3	Part 3	Part 3	nipples
12:36am-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 III	Nerve T2	Part 6	Part 6	Part 6	vagina

3/21/2015 DAY 1 BOB-C above (LOWER WISDOM TOOTH) instigates alteration (itself altering thereby) to the Inferior Nasal Concha's Protein-making Apparatus (by way of Maxillary Sinus) thru aegis of Subcallosal Gyrus.

Associated bones/muscles are (1) Lacrimal Bone - eye's dilator muscle
(2) Humerus - levator costae brevis
(3) S5
transverse 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-C below was originated, and is altered, by the Medial Sesamoid of Mt Ss 1, (by way of balanced full Mt Ss 1).

DAY 2 BOB-C > (1) LACRIMAL BONE - eye's sphincter muscle
Associated bones/muscles are (2) Humerus - circulatory system muscles
(3) S5
accessory muscle bundle
(4) Mc MP2
palmaris longus
(5) Rib 3
intertransversarii, lumber medial & thoracis
(6) Mt MP2
obturator internus

3/23/2015 Day 3 Bob-C below was originated, and is altered, by the Upper Canine.

(1) Lacrimal Bone - eye's orbitalis muscle
(2) Humerus - levator costae longus
(3) S5
oblique arytenoid
(4) Mc MP2
flexor carpi ulnaris
(5) Rib 3
intertransversarii, lumbar lateral
(6) MT MP2 > DAY 3 BOB-C
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 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 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: Keep constant alignment of L5, McSs2, McSs1, MtSs1 (using YUOIEA, Mt3) and Day 3's Spinal Nerve.

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
transverse arytenoid - from arytenoid cartilage straight across to opposite 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, lumbar medial & thoracis - 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
oblique arytenoid - up from base of arytenoid cartilage to apex of opposite arytenoid 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

^ and ^^ These are ^ the pressurizable, riftable "Inroad Channel" and ^^ the "Resulting Structure" of Part 2

***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 - 12:36a | Eye part 3 |	Thyroid gland	Duodenum	part 3	part 3	part 3	Nipples
12:36a - 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 III	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 CENTER is UPPER 2nd MOLAR 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 CENTER is MAXILLA 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 CENTER is 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 Centers to approach optimal function, there can be no misalignment of their associated bone, muscle and organ structures. In the lower set of boxed columns below, preceeded 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 tympanic 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-12:36am >	Part 3<hormone>	Thyroid Gland	Duodenum	Part 3	Part 3	Part 3	nipples
12:36am-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 IV	Nerve T3	Part 6	Part 6	Part 6	vagina

3/24/2015 DAY 1 BOB-C above (UPPER 2nd MOLAR) instigates alteration (itself altering thereby) to the Superior Nasal Concha's RNA-making Apparatus (by way of Sphenoid Sinus) through aegis of the Cingulate Gyrus.

Associated bones/muscles are

(1) Maxilla Bone - eye's dilator muscle

(2) Radius - heart, anterior pectinate

(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-C below was originated, and is altered, by 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-C >

Associated bones/muscles are

(1) MAXILLA BONE - eye's sphincter muscle

(2) Radius - heart, septal pectinate

(3) S3
superior oblique of eye

(4) Mc DP5
brachioradialis

(5) T4
salpingopharyngeus

(6) Mt DP5
gracilis

3/26/2015 Day 3 Bob-C below was originated, and is altered, by RLS 10.

(1) Maxilla Bone - eye's orbitalis muscle

(2) Radius - heart, posterior pectinate

(3) S3
posterior cricoarytenoid

(4) Mc DP5
extensor carpi radialis longus

(5) T4
tensor veli palatini

(6) MT DP5 > DAY 3 BOB-C
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 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 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: Keep constant alignment of L5, McSs2, McSs1, MtSs1 (using YUOIEA, Mt3) and Day 3's Spinal Nerve.

v / **^** = down / up arrows **Direction** of **Stretch** for **Muscles** on **Front** of **Page**

heart, anterior pectinate - sense of from along anterior medial wall toward base of anterior papillary 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 pectinate - sense of from base of septal papillary muscle to central/upper posterior wall
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 pectinate - sense of from along lower posterior heart wall to base of posterior papillary 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

^ and ^^ These are ^ the pressurizable, riftable "Inroad Channel" and ^^ the "Resulting Structure" of Part 2

***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 - 12:36a | Eye part 3 |	Thyroid gland	Duodenum	part 3	part 3	part 3		Nipples
12:36a - 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 IV	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 CENTER is LOWER 2nd MOLAR 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 CENTER is MAXILLA 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 CENTER is 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 Centers to approach optimal function, there can be no misalignment of their associated bone, muscle and organ structures. In the lower set of boxed columns below, preceeded 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 tympanic 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-12:36am >	Part 3<hormone>	Thyroid Gland	Duodenum	Part 3	Part 3	Part 3	nipples
12:36am-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-C above (LOWER 2nd MOLAR) instigates alteration (itself altering thereby) to Superior Nasal Concha's Protein-making Apparatus (by way of Sphenoid Sinus) through aegis of the Lingual Gyrus.

Associated bones/muscles are (1) Maxilla Bone - eye's dilator muscle
(2) Ulna - heart, anterior papillary

(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-C below was originated, and is altered, by 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-C > (1) MAXILLA BONE - eye's sphincter muscle
Associated bones/muscles are (2) Ulna - heart, septal papillary

(3) C5
oblique thyroarytenoid

(4) Mc DP2
extensor indicis

(5) Rib 4
uvula

(6) Mt DP2
popliteus

3/29/2015 Day 3 Bob-C below was originated, and is altered, by LLS 10.

(1) Maxilla Bone - eye's orbitalis muscle
(2) Ulna - heart, posterior papillary

(3) C5
thyroarytenoid

(4) Mc DP2
extensor pollicis longus

(5) Rib 4
stapedius

(6) MT DP2 > DAY 3 BOB-C
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: Keep constant alignment of L5, McSs2, McSs1, MtSs1 (using YUOIEA, Mt3) and Day 3's Spinal Nerve.

^ = up arrow **Direction** of **Stretch** for **Muscles** on **Front** of **Page**

heart, anterior papillary - from anterior pectinate muscle in toward anterior mitral or tricuspid valves' cusps
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 papillary - from septal mitral or tricuspid valves' cusps to septal pectinate muscle | 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 papillary - from posterior pectinate muscle in toward posterior mitral or tricuspid valves' cusps
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

^ and ^^ These are ^ the pressurizable, riftable "Inroad Channel" and ^^ the "Resulting Structure" of Part 2

***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 - 12:36a | Eye part 3 |	Thyroid gland	Duodenum	part 3	part 3	part 3	Nipples
12:36a - 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 CENTER is UPPER 1st MOLAR 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 CENTER is LACRIMAL 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 CENTER is 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 Centers to approach optimal function, there can be no misalignment of their associated bone, muscle and organ structures. In the lower set of boxed columns below, preceeded 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 nasal meatuses to activate ethmoid cells 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-12:36am >	Part 3<hormone>	Pyloric Gland	Duodenum	Part 3	Part 3	Part 3	nipples
12:36am-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-C above (UPPER 1st MOLAR) instigates alteration (itself altering thereby) to the Nasal Bone's RNA-making Apparatus (by way of Ethmoid Cells) through aegis of the 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-C below was originated, and is altered, by the Medial Sesamoid of Mt Ss 1, (by way of balanced full Mt Ss 1).

DAY 2 BOB-C > (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 cervicis & capitis
(6) Mt 4
abductor hallucis

4/1/2015 Day 3 Bob-C below was originated, and is altered, by 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-C
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 ^^; & Medial sesamoid of MtSs1s^ & Lacrimal bones ^^,	Inf. lac. can. & Cavernous sinuses 3 & 6 Exit correspondents*	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 cervicis & capitis - 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

^ and ^^ These are ^ the pressurizable, riftable "Inroad Channel" and ^^ the "Resulting Structure" of Part 2

*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 - 12:36a | Eye part 3 |	Pyloric gland	Duodenum	part 3	part 3	part 3	Nipples
12:36a - 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 CENTER is LOWER 1st MOLAR 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 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 CENTER is LACRIMAL 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 CENTER is 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 Centers to approach optimal function, there can be no misalignment of their associated bone, muscle and organ structures. In the lower set of boxed columns below, preceeded 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 nasal meatuses to activate ethmoid cells 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-12:36am >	Part 3<hormone>	Pyloric Gland	Duodenum	Part 3	Part 3	Part 3	nipples
12:36am-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 V	Nerve T6	Part 6	Part 6	Part 6	vagina

4/2/2015 DAY 1 BOB-C above (LOWER 1st MOLAR) instigates alteration (itself altering thereby) to the Nasal Bone's Protein-making Apparatus (by way of Ethmoid Cells) thru aegis of Inferior Frontal Gyrus, Orbital Part.

Associated bones/muscles are (1) Lacrimal 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-C below was originated, and is altered, by the Medial Sesamoid of Mt Ss 1, (by way of balanced full Mt Ss 1).

DAY 2 BOB-C > (1) LACRIMAL 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-C below was originated, and is altered, by LLS 9.

(1) Lacrimal 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-C
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, orbital part ^^;	Sup.lac.can. & Sup. petrosal sinuses & 6 Exit correspondents* & Lower 1st molars^ & Inferior frontal gyri, orbital part ^^,	Lower 1st 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 the Medial sesamoid of Mt Ss 1s ^	As above but for the Lacrimal bones ^^; & Medial sesamoid of MtSs1s^ & Lacrimal bones ^^,	Inf. lac. can. & Cavernous sinuses 3 & 6 Exit correspondents*	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 LLS 9 ^	As above but for Naviculars ^^; & LLS 9 ^ & Naviculars ^^,	Sup. nas. m. & LLS 9 & 6 Exit correspondents* &	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 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

^ and ^^ These are ^ the pressurizable, riftable "Inroad Channel" and ^^ the "Resulting Structure" of Part 2

***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 - 12:36a | Eye part 3 |	Pyloric gland	Duodenum	part 3	part 3	part 3	Nipples
12:36a - 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 V	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 CENTER is UPPER 2nd PRE-MOLAR 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 CENTER is MAXILLA 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 CENTER is 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 Centers to approach optimal function, there can be no misalignment of their associated bone, muscle and organ structures. In the lower set of boxed columns below, preceeded 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 nasal meatuses to activate ethmoid cells 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-12:36am >	Part 3<hormone>	Pyloric Gland	Duodenum	Part 3	Part 3	Part 3	nipples
12:36am-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 VI	Nerve T7	Part 6	Part 6	Part 6	vagina

4/5/2015 DAY 1 BOB-C above (UPPER 2nd PRE-MOLAR) instigates alteration (itself altering) to the Parietal Bone's RNA-making Apparatus (by way of Tympanic Cells) thru aegis of Inferior Frontal Gyrus, Triangular Part.

Associated bones/muscles are (1) Maxilla 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-C below was originated, and is altered, by 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-C > (1) MAXILLA 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-C below was originated, and is altered, by RLS 8.

(1) Maxilla 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-C
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 L5 ^ + Lateral sesamoid of Mt Ss 1s	As above but for the Maxilla bone ^^; & Maxilla bone ^^,	Inf. lac. can. & Cavernous sinuses 3 & 6 Exit correspondents* & L5 ^ + Lateral sesamoid of MtSs1s	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 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: Keep constant alignment of L5, McSs2, McSs1, MtSs1 (using YUOIEA, Mt3) and Day 3's Spinal Nerve.

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

^ and ^^ These are ^ the pressurizable, riftable "Inroad Channel" and ^^ the "Resulting Structure" of Part 2

***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 - 12:36a | Eye part 3 |	Pyloric gland	Duodenum	part 3	part 3	part 3	Nipples
12:36a - 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 VI	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 CENTER is LOWER 2nd PRE-MOLAR 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 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 CENTER is MAXILLA 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 CENTER is 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 Centers to approach optimal function, there can be no misalignment of their associated bone, muscle and organ structures. In the lower set of boxed columns below, preceeded 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 nasal meatuses to activate ethmoid cells 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-12:36am >	Part 3<hormone>	Pyloric Gland	Duodenum	Part 3	Part 3	Part 3	nipples
12:36am-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-C above (LOWER 2nd PRE-MOLAR) instigates alteration (itself altering) to the Parietal Bone's Protein-making Apparatus (by way of Tympanic Cells) through aegis of Inferior Frontal Gyrus, Opercular 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-C below was originated, and is altered, by 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-C > (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-C below was originated, and is altered, by LLS 7+8.

(1) Maxilla Bone - 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 > DAY 3 BOB-C
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, opercular part ^^;	Sup.lac.can. & Sup. petrosal sinuses & 6 Exit correspondents* & Lower 2nd pre-molars ^	Lower 2nd pre-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**.
		& Inferior frontal gyri, opercular part ^^,					
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 ^	As above but for Cuneiform intermediates ^^;	Sup.nas.m. & LLS 9 & 6 Exit correspondents* & LLS 7+8 ^ & Cuneiform intermediates^^,	LLS 7+8^ & **intake into** Cuneiform intermediates ^^	Breath "to" LLS 9 to disperse to lung part destinations	As above

Note: Keep constant alignment of L5, McSs2, McSs1, MtSs1 (using YUOIEA, Mt3) and Day 3's Spinal Nerve.

^/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

^ and ^^ These are ^ the pressurizable, riftable "Inroad Channel" and ^^ the "Resulting Structure" of Part 2

***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 - 12:36a | Eye part 3 |	Pyloric gland	Duodenum	part 3	part 3	part 3	Nipples
12:36a - 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 CENTER is UPPER 1st PRE-MOLAR 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 CENTER is LACRIMAL 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 CENTER is 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 Centers to approach optimal function, there can be no misalignment of their associated bone, muscle and organ structures. In the lower set of boxed columns below, preceeded 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 superior nasal meatus to activate sphenoid sinus 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-12:36am >	Part 3<hormone>	Pancreas	Duodenum	Part 3	Part 3	Part 3	nipples
12:36am-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-C above (UPPER 1st PRE-MOLAR) instigates alteration (itself altering thereby) to Temporal Bone's RNA-making Apparatus (by way of Mastoid Cells) 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

4/12/2015 Day 2 Bob-C below was originated, and is altered, by the Medial Sesamoid of Mt Ss 1, (by way of balanced full Mt Ss 1).

DAY 2 BOB-C > (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-C below was originated, and is altered, by 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-C
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: Keep constant alignment of L5, McSs2, McSs1, MtSs1 (using YUOIEA, Mt3) and Day 3's Spinal Nerve.

^ = 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 - from mandible's depression below incisive teeth (incisive fossa) slanting centrally toward chin's tip
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

^ and ^^ These are ^ the pressurizable, riftable "Inroad Channel" and ^^ the "Resulting Structure" of Part 2

***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 - 12:36a | Eye part 3 |	Pancreas	Duodenum	part 3	part 3	part 3	Nipples
12:36a - 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 CENTER is LOWER 1st PRE-MOLAR 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 CENTER is LACRIMAL 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 CENTER is CUNEIFORM LATERAL with 3rd component of breath through Superior Nasal Meatus & Incisive Canal to activate RLS 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 Centers to approach optimal function, there can be no misalignment of their associated bone, muscle and organ structures. In the lower set of boxed columns below, preceeded 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 superior nasal meatus to activate sphenoid sinus 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-12:36am >	Part 3<hormone>	Pancreas	Duodenum	Part 3	Part 3	Part 3	nipples
12:36am-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 VII	Nerve T10	Part 6	Part 6	Part 6	vagina

4/14/2015 DAY 1 BOB-C above (LOWER 1st PRE-MOLAR) instigates alteration (itself altering thereby) to the Temporal Bone's Protein-making Apparatus (by way of Mastoid Cells) through aegis of Superior Temporal Gyrus.

Associated bones/muscles are (1) Lacrimal 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-C below was originated, and is altered, by the Medial Sesamoid of Mt Ss 1, (by way of balanced full Mt Ss 1).

DAY 2 BOB-C > (1) LACRIMAL 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-C below was originated, and is altered, by RLS 6.

(1) Lacrimal 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-C
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 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 6 ^	As above but for Cuneiform laterals ^^;	Sup.nas.m. & RLS 9 & 6 Exit correspondents* & RLS 6 ^ & Cuneiform laterals ^^,	RLS 6 ^ **And intake into** Cuneiform laterals ^^	Breath "to" RLS 9 to disperse to lung part destinations	As above

Note: Keep constant alignment of L5, McSs2, McSs1, MtSs1 (using YUOIEA, Mt3) and Day 3's Spinal Nerve.

^ = 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

^ and ^^ These are ^ the pressurizable, riftable "Inroad Channel" and ^^ the "Resulting Structure" of Part 2

***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 - 12:36a | Eye part 3 |	Pancreas	Duodenum	part 3	part 3	part 3	Nipples
12:36a - 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 VII	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 CENTER is LACRIMAL BONE with breath through the 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 CENTER is MAXILLA 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 CENTER is 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 Centers to approach optimal function, there can be no misalignment of their associated bone, muscle and organ structures. In the lower set of boxed columns below, preceeded 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 superior nasal meatus to activate sphenoid sinus 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-12:36am >	Part 3<hormone>	Pancreas	Duodenum	Part 3	Part 3	Part 3	nipples
12:36am-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 VIII	Nerve T11	Part 6	Part 6	Part 6	vagina

4/17/2015 DAY 1 BOB-C above (LACRIMAL BONE) was originated, and is altered, by the 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) Maxilla 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-C below was originated, and is altered, by 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-C > (1) MAXILLA 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-C below was originated, and is altered, by LLS 6.

(1) Maxilla 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-C
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,	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 LLS 6 ^	As above but for Mt DP4s ^^;	Sup. nas. m. & RLS 9 & 6 Exit correspondents* & LLS 6 ^ & Mt DP4s ^^,	LLS 6 ^ **And intake into** Mt DP4s ^^	Breath "to" RLS 9 to disperse to lung part destinations	As above

Note: Keep constant alignment of L5, McSs2, McSs1, MtSs1 (using YUOIEA, Mt3) and Day 3's Spinal Nerve.

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

^ and ^^ These are ^ the pressurizable, riftable "Inroad Channel" and ^^ the "Resulting Structure" of Part 2

***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 - 12:36a | Eye part 3 |	Pancreas	Duodenum	part 3	part 3	part 3	Nipples
12:36a - 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 VIII	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 CENTER is MAXILLA BONE with breath through the 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 CENTER is MAXILLA 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 CENTER is 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 Centers to approach optimal function, there can be no misalignment of their associated bone, muscle and organ structures. In the lower set of boxed columns below, preceeded 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 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 superior nasal meatus to activate sphenoid sinus 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-12:36am >	Part 3<hormone>	Pancreas	Duodenum	Part 3	Part 3	Part 3	nipples
12:36am-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-C above (MAXILLA BONE) was originated, and is altered, by 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-C below was originated, and is altered, by 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-C > (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-C below was originated, and is altered, by 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-C
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 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 ^^; RLS 5 ^ & Cuboids ^^,	Sup. nas. m. & RLS 9 & 6 Exit correspondents* &	RLS 5 ^ **And intake into** Cuboids ^^	Breath "to" RLS 9 to disperse to lung part destinations	As above

Note: Keep constant alignment of L5, McSs2, McSs1, MtSs1 (using YUOIEA, Mt3) and Day 3's Spinal Nerve.

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

^ and ^^ These are ^ the pressurizable, riftable "Inroad Channel" and ^^ the "Resulting Structure" of Part 2

***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 - 12:36a | Eye part 3 |	Pancreas	Duodenum	part 3	part 3	part 3	Nipples
12:36a - 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 CENTER is UPPER CANINE with breath through the 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 CENTER is LACRIMAL 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 CENTER is 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 Centers to approach optimal function, there can be no misalignment of their 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 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 middle nasal meatus to activate maxillary 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-12:36am >	Pt. 3<hormone>	Suprarenal Gland	Duodenum	Part 3	Part 3	Part 3	nipples
12:36am-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-C above (UPPER CANINE) instigates alteration (itself altering thereby) to Lateral Sesamoid of Mt Ss 1 (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-C below was originated, and is altered, by the Medial Sesamoid of Mt Ss 1, (by way of balanced full Mt Ss 1).

DAY 2 BOB-C > (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-C below was originated, and is altered, by LLS 5.

(1) Lacrimal Bone - eye's orbitalis muscle
(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-C
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 ^^; Medial 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: Keep constant alignment of L5, McSs2, McSs1, MtSs1 (using YUOIEA, Mt3) and Day 3's Spinal Nerve.

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 toward linea alba, 24-hour fiber progress down
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

^ and ^^ These are ^ the pressurizable, riftable "Inroad Channel" and ^^ the "Resulting Structure" of Part 2

***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 - 12:36a | Eye part 3 |	Suprarenal Gland	Duodenum	part 3	part 3	part 3	Nipples
12:36a - 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 CENTER is LOWER CANINE 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 CENTER is LACRIMAL 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 CENTER is 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 Centers to approach optimal function, there can be no misalignment of their 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 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 middle nasal meatus to activate maxillary 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-12:36am >	Pt. 3<hormone>	Suprarenal Gland	Duodenum	Part 3	Part 3	Part 3	nipples
12:36am-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 IX	Nerve L2	Part 6	Part 6	Part 6	vagina

4/26/2015 DAY 1 BOB-C above (LOWER CANINE) instigates alteration (itself altering thereby) to Lateral Sesamoid of Mt Ss 1 (by way of balanced, full MtSs1) through aegis of the Lateral Occipitotemporal Gyrus.

Associated bones/muscles are (1) Lacrimal Bone - eye's dilator muscle
(2) Hyoid - transversus thoracis
(3) L2 superficial masseter
(4) Trapezium opponens pollicis
(5) Rib 9 cricothyroid, straight part
(6) Cuneiform Medial semitendinosus

4/27/2015 Day 2 Bob-C below was originated, and is altered, by the Medial Sesamoid of Mt Ss 1, (by way of balanced full Mt Ss 1).

DAY 2 BOB-C > (1) LACRIMAL 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-C below was originated, and is altered, by RLS 4.

(1) Lacrimal Bone - eye's orbitalis muscle
(2) Hyoid - transversus abdominus
(3) L2 deep masseter
(4) Trapezium opponens digiti minimi
(5) Rib 9 cricothyroid, oblique part
(6) CUNEIFORM MEDIAL > DAY 3 BOB-C 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 ^	Lateral sesamoid of Mt Ss 1s^^ as well as Lateral occipitotemporal gyri^^;	Sup. lac. can. & Sup. sag. sinuses & 6 Exit correspondents* & Lower canines^ & Lateral sesamoid of MtSs1s^^ & Lat. occipitotemporal gyri^^,	Lower canines ^ **And intake into** Lateral 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 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 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: Keep constant alignment of L5, McSs2, McSs1, MtSs1 (using YUOIEA, Mt3) and Day 3's Spinal Nerve.

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**
superficial masseter - from maxilla under zygomatic bone to coronoid process & anterior ramus | in 24 hrs.
opponens pollicis - from flexor retinaculum/scaphoid/trapezium out & under to length of Mc 1 outer border
cricothyroid, straight part - from front of cricoid cartilage up to inside bottom border of thyroid cartilage
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 coronoid process spreading to all along side of head | 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 **v**
deep masseter - from zygomatic arch to down along anterior ramus of mandible | upward in 24 hours
opponens digiti minimi - from upper flexor retinaculum & hook of hamate up & under to lateral Mc 5
cricothyroid, oblique part - lateral from straight part (see above) to inner thyroid cartilage behind oblique line
semimembranosus - from ishial tuberosity lateral to semitendinosus to band at tibia's posterior medial top

^ and ^^ These are ^ the pressurizable, riftable "Inroad Channel" and ^^ the "Resulting Structure" of Part 2

*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 - 12:36a | Eye part 3 |	Suprarenal Gland	Duodenum	part 3	part 3	part 3	Nipples
12:36a - 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 IX	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 CENTER is UPPER LATERAL INCISOR 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 CENTER is MAXILLA 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 CENTER is 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 Centers to approach optimal function, there can be no misalignment of their 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 middle nasal meatus to activate maxillary 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-12:36am >	Pt. 3<hormone>	Suprarenal Gland	Duodenum	Part 3	Part 3	Part 3	nipples
12:36am-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 X	Nerve L3	Part 6	Part 6	Part 6	vagina

4/29/2015 DAY 1 BOB-C above (UPPER LATERAL INCISOR) instigates alteration (itself altering thereby) to Lateral Sesamoid of Mt Ss 1 (by way of full Mt Ss 1) thru aegis of the Medial Occipitotemporal Gyrus.

Associated bones/muscles are (1) Maxilla 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 psoas

4/30/2015 Day 2 Bob-C below was originated, and is altered, by 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-C > (1) MAXILLA 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 quadratus lumborum

5/1/2015 Day 3 Bob-C below was originated, and is altered, by LLS 4.

(1) Maxilla 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-C iliacus

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 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 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: Keep constant alignment of L5, McSs2, McSs1, MtSs1 (using YUOIEA, Mt3) and Day 3's Spinal Nerve.

v = down arrow **Direction** of **Stretch** for **Muscles** on **Front** of **Page** (~ & mylohyoid raphes & tongue)

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
psoas - from T12 and L1-L4 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(**~** above)
quadratus lumborum - from medial iliac crest up to medial 1/2 of 12th rib & lumbar transverse processes

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 **v** angles
iliacus - from anterior iliac crest down fossa to inner top of femur's lesser trochanter

^ and ^^ These are ^ the pressurizable, riftable "Inroad Channel" and ^^ the "Resulting Structure" of Part 2

***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 - 12:36a | Eye part 3 |	Suprarenal Gland	Duodenum	part 3	part 3	part 3	Nipples
12:36a - 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 X	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 CENTER is LOWER LATERAL INCISOR 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 CENTER is MAXILLA 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 CENTER is 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 Centers to approach optimal function, there can be no misalignment of their 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 middle nasal meatus to activate maxillary 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-12:36am >	Pt. 3<hormone>	Suprarenal Gland	Duodenum	Part 3	Part 3	Part 3	nipples
12:36am-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-C above (LOWER LATERAL INCISOR) instigates alteration (itself altering thereby) to Lateral Sesamoid of Mt Ss 1 (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-C below was originated, and is altered, by 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-C > (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-C below was originated, and is altered, by 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-C 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 ^	Lateral sesamoid of Mt Ss 1s^^ as well as Parahippocampal gyri ^^;	Sup. lac. can. & Sup. sag. si. & 6 Exit correspondents* & Lower lateral incisors ^ & Lateral sesamoid of Mt Ss 1s ^^ & Parahippocampal gyri ^^,	Lower lateral incisors ^ **And intake into** Lateral 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: Keep constant alignment of L5, McSs2, McSs1, MtSs1 (using YUOIEA, Mt3) and Day 3's Spinal Nerve.

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

^ and ^^ These are ^ the pressurizable, riftable "Inroad Channel" and ^^ the "Resulting Structure" of Part 2

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 - 12:36a | Eye part 3 |	Suprarenal Gland	Duodenum	part 3	part 3	part 3	Nipples
12:36a - 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 CENTER is UPPER CENTRAL INCISOR with breath through Nasolacrimal Duct (N.D.) & Superior Lacrimal Canaliculus to activate the Inferior Sagittal Sinus thereby arranging the 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 CENTER is LACRIMAL 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 CENTER is 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 Centers to approach optimal function, there can be no misalignment of their 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 frontonasal duct to activate frontal sinus 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-12:36am >	Part 3 <hormone>	Gonads	Duodenum	Part 3	Part 3	Part 3	nipples
12:36am-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-C above (UPPER CENTRAL INCISOR) instigates alteration (itself altering thereby) to the Lateral Sesamoid of Mt Ss 1 (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-C below was originated, and is altered, by the Medial Sesamoid of Mt Ss 1, (by way of balanced full Mt Ss 1).

DAY 2 BOB-C > (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 Palatine
Day 3 Tonsil is Pharyngeal

5/7/2015 Day 3 Bob-C below was originated, and is altered, by 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-C
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 Mt Ss 1s ^	As above but for the Lacrimal bones ^^;	Inf. lac. can. & Cavernous sinuses 6 & 6 Exit correspondents* & Medial sesamoid of MtSs1s^ & Lacrimal bones ^^,	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^^;	Sup. nas. m. & RLS 10 & 6 Exit correspondents* & LLS 3 ^ & Mt MP3s ^^,	LLS 3 ^ **And intake into** Mt MP3s ^^	Breath "to" RLS 10 to disperse to lung part destinations	As above

Note: Keep constant alignment of L5, McSs2, McSs1, MtSs1 (using YUOIEA, Mt3) and Day 3's Spinal Nerve.

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 intermediate tendon (see below) up to medial greater horn of hyoid bone
tibialis anterior - from upper 1/2 anterior lateral tibia & adjoining interosseous membrane to posterior (~above)

pyramidalis - from a small lowest section of linea alba slightly obliquely outward & down to anterior pubis
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

^ and ^^ These are ^ the pressurizable, riftable "Inroad Channel" and ^^ the "Resulting Structure" of Part 2

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 - 12:36a | Eye part 3 |	Gonads	Duodenum	part 3	part 3	part 3	Nipples
12:36a - 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 CENTER is LOWER CENTRAL INCISOR with breath through Nasolacrimal Duct (N.D.) & Superior Lacrimal Canaliculus to activate the Inferior Sagittal Sinus thereby arranging the 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 CENTER is LACRIMAL 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 CENTER is 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 Centers to approach optimal function, there can be no misalignment of their 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 frontonasal duct to activate frontal sinus 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-12:36am >	Part 3 <hormone>	Gonads	Duodenum	Part 3	Part 3	Part 3	nipples
12:36am-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 XI	Nerve S1	Part 6	Part 6	Part 6	vagina

5/8/2015 DAY 1 BOB-C above (LOWER CENTRAL INCISOR) instigates alteration (itself altering) to the Lateral Sesamoid of MtSs1 (by way of balanced full MtSs1) through aegis of the Precentral Gyrus.

Associated bones/muscles are (1) Lacrimal 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 Palatine
Day 3 Tonsil is Pharyngeal

5/9/2015 Day 2 Bob-C below was originated, and is altered, by the Medial Sesamoid of Mt Ss 1, (by way of balanced full Mt Ss 1).

DAY 2 BOB-C > (1) LACRIMAL 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-C below was originated, and is altered, by RLS 2.

(1) Lacrimal 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-C 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 ^	Lateral sesamoid of Mt Ss 1s ^^ as well as Precentral gyri ^^;	Sup. lac. can. & Inf. sag. si. & 6 Exit correspondents* & Lower central incisors ^ & Lateral sesamoid of Mt Ss 1s ^^ & Precentral gyri ^^,	Lower central incisors^ **And intake into** Lateral 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 the Medial sesamoid of Mt Ss 1s ^	As above but for the Lacrimal bones ^^;	Inf. lac. can. & Cavernous sinuses 6 & 6 Exit correspondents* & Medial sesamoid of MtSs1s^ & Lacrimal bones ^^,	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 RLS 2 ^	As above but for Mt PP1s^^;	Sup. nas. m. & RLS 10 & 6 Exit correspondents* & RLS 2 ^ & Mt PP1s ^^,	RLS 2 ^ **And intake into** Mt PP1s ^^	Breath "to" RLS 10 to disperse to lung part destinations	As above

Note: Keep constant alignment of L5, McSs2, McSs1, MtSs1 (using YUOIEA, Mt3) and Day 3's Spinal Nerve.

^ / 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 **^**

^ and ^^ These are ^ the pressurizable, riftable "Inroad Channel" and ^^ the "Resulting Structure" of Part 2

***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 - 12:36a | Eye part 3 |	Gonads	Duodenum	part 3	part 3	part 3	Nipples
12:36a - 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 XI	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 CENTER is BODY OF MANDIBLE with breath through Nasolacrimal Duct (N.D.) & Superior Lacrimal Canaliculus to activate the Inferior Sagittal Sinus thereby arranging the 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 CENTER is MAXILLA 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 CENTER is 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 Centers to approach optimal function, there can be no misalignment of their 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 frontonasal duct to activate frontal sinus 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-12:36am >	Part 3 <hormone>	Gonads	Duodenum	Part 3	Part 3	Part 3	nipples
12:36am-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 XII	Nerve S2	Part 6	Part 6	Part 6	vagina

5/11/2015 DAY 1 BOB-C above (BODY OF MANDIBLE) was originated, and is altered, by the Medial Sesamoid of Mc Ss 1 (by way of balanced full McSs1) through aegis of Middle Frontal Gyrus.

Associated bones/muscles are (1) Maxilla 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 Palatine
Day 3 Tonsil is Pharyngeal

5/12/2015 Day 2 Bob-C below was originated, and is altered, by 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-C > (1) MAXILLA BONE - eye's sphincter muscle
Associated bones/muscles are (2) Calcaneus - superficial transverse perineal

(3) Mc Ss 1
genioglossus, vertical fibers

(4) Mc DP3
extensor carpi ulnaris

(5) T12
hyoglossus

(6) Mt DP3
sartorius

5/13/2015 Day 3 Bob-C below was originated, and is altered, by LLS 1+2.

(1) Maxilla Bone - eye's orbitalis muscle
(2) Calcaneus - ischiocavernosus

(3) Mc Ss 1
genioglossus, oblique fibers

(4) Mc DP3
extensor digiti minimi

(5) T12
styloglossus

(6) MT DP3 > DAY 3 BOB-C
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 ^ + Middle frontal gyri ^	Body of mandible^^;	Sup. lac. can. & Inf. sag. si. & 6 Exit correspondents* & Medial sesamoid of Mc Ss 1s ^ + Middle frontal gyri ^ & Body of mandible ^^,	Medial sesamoid of Mc Ss 1s^ + Middle frontal gyri ^ **And intake into** Body of mandible ^^	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 ^^;	Inf. lac. can. & Cavernous sinuses 6 & 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 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^^;	Sup. nas. m. & RLS 10 & 6 Exit correspondents* & LLS 1+2 ^ & Mt DP3s ^^,	LLS 1+2 ^ **And intake into** Mt DP3s ^^	Breath "to" RLS 10 to disperse to lung part destinations	As above

Note: Keep constant alignment of L5, McSs2, McSs1, MtSs1 (using YUOIEA, Mt3) and Day 3's Spinal Nerve.

^/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, vertical fibers - from front underpart of tongue to central upper posterior mandible | humerus
extensor carpi ulnaris - from outside (edge) base of Mc 5 to outside (edge) part of lateral epicondyle of **^**
hyoglossus - from lower side of tongue to length of hyoid's greater horn & lateral body of hyoid
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, oblique fibers - from central mid-posterior mandible to mid-to-back under portion 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

^ and ^^ These are ^ the pressurizable, riftable "Inroad Channel" and ^^ the "Resulting Structure" of Part 2

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 - 12:36a | Eye part 3 |	Gonads	Duodenum	part 3	part 3	part 3	Nipples
12:36a - 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 XII	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 CENTER is RAMUS OF MANDIBLE with breath through Nasolacrimal Duct (N.D.) & Superior Lacrimal Canaliculus to activate the Inferior Sagittal Sinus thereby arranging the 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 CENTER is MAXILLA 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 CENTER is 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 Centers to approach optimal function, there can be no misalignment of their 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 frontonasal duct to activate frontal sinus 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-12:36am >	Part 3 <hormone>	Gonads	Duodenum	Part 3	Part 3	Part 3	nipples
12:36am-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-C above (RAMUS OF MANDIBLE) was originated, and is altered, by 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-C below was originated, and is altered, by 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-C > (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 Palatine
Day 3 Tonsil is Pharyngeal

5/16/2015 Day 3 Bob-C below was originated, and is altered, by 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-C
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 ^ + Superior frontal gyri ^	Rami of mandible^^; & Rami of mandible ^^,	Sup. lac. can. & Inferior sagital sinuses & 6 Exit correspondents* & Mc Ss 2s ^ + Superior frontal gyri ^	Mc Ss 2s ^ + Superior frontal gyri ^ **And intake into** Rami of mandible ^^	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: Keep constant alignment of L5, McSs2, McSs1, MtSs1 (using YUOIEA, Mt3) and Day 3's Spinal Nerve.

^ / 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 C7-1 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

^ and ^^ These are ^ the pressurizable, riftable "Inroad Channel" and ^^ the "Resulting Structure" of Part 2

***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 - 12:36a | Eye part 3 |	Gonads	Duodenum	part 3	part 3	part 3	Nipples
12:36a - 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 CENTER is UPPER CENTRAL INCISOR with breath through Nasolacrimal Duct (N.D.) & Superior Lacrimal Canaliculus to activate the Inferior Sagittal Sinus thereby arranging the 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 CENTER is BODY OF MANDIBLE 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 CENTER is L5 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 Centers to approach optimal function, there can be no misalignment of their 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 frontonasal duct to activate frontal sinus 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-12:36am >	Part 3 <hormone>	Gonads	Duodenum	Part 3	Part 3	Part 3	nipples
12:36am-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-C above (UPPER CENTRAL INCISOR) instigates alteration (itself altering thereby) to the Lateral Sesamoid of Mt Ss 1 (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-C below was originated, and is altered, by Medial Sesamoid of Mc Ss 1 (by way of balanced full Mc Ss 1).

DAY 2 BOB-C > (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 Palatine
Day 3 Tonsil is Pharyngeal

5/19/2015 Day 3 Bob-C below instigates alteration (itself altering thereby) to the Lateral Sesamoid of Mc Ss 1.

(1) Body of Mandible - eye's orbitalis muscle

(2) Fibula - sternocleidomastoid, clavicular head

(3) L5 > DAY 3 BOB-C
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 Post-central 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 Mc Ss 1s ^	As above but for the Body of mandible^^; & Body of mandible ^^,	Inf. lac. can. & Cavernous sinuses 6 & 6 Exit correspondents* & Medial sesamoid of Mc Ss 1s ^	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 ^ sesamoid of Mc Ss 1s ^^; & 6 Exit correspondents* & L5 ^ & Lateral sesamoid of Mc Ss 1s ^^,	As above for the Lateral	Eustacean t.s & Cochleas' inner hair cells	L5 ^ **& intake into** Lateral sesamoid of Mc Ss 1s ^^	Breath "to" Cochleas' inner hair cells to disperse to receiving destinations	As above

Note: Keep constant alignment of L5, McSs2, McSs1, MtSs1 (using YUOIEA, Mt3) and Day 3's Spinal Nerve.

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 intermediate tendon (see below) up to medial greater horn of hyoid bone
tibialis anterior - from upper 1/2 anterior lateral tibia & adjoining interosseous membrane to posterior (~above)

pyramidalis - from a small lowest section of linea alba slightly obliquely outward & down to anterior pubis
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

^ and ^^ These are ^ the pressurizable, riftable "Inroad Channel" and ^^ the "Resulting Structure" of Part 2

***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 - 12:36a | Eye part 3 |	Gonads	Duodenum	part 3	part 3	part 3	Nipples
12:36a - 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 CENTER is LOWER CENTRAL INCISOR with breath through Nasolacrimal Duct (N.D.) & Superior Lacrimal Canaliculus to activate the Inferior Sagittal Sinus thereby arranging the 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 CENTER is BODY OF MANDIBLE 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 CENTER is MC SS 2 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 Centers to approach optimal function, there can be no misalignment of their 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 frontonasal duct to activate frontal sinus 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-12:36am >	Part 3 <hormone>	Gonads	Duodenum	Part 3	Part 3	Part 3	nipples
12:36am-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 XI	Nerve S1	Part 6	Part 6	Part 6	vagina

5/20/2015 DAY 1 BOB-C above (LOWER CENTRAL INCISOR) instigates alteration (itself altering) to the Lateral Sesamoid of Mt Ss 1 (by way of balanced full MtSs1) through aegis of the Precentral Gyrus.

Associated bones/muscles are (1) Body 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-C below was originated, and is altered, by Medial Sesamoid of Mc Ss 1 (by way of balanced full Mc Ss 1).

DAY 2 BOB-C > (1) BODY 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 Palatine
Day 3 Tonsil is Pharyngeal

5/22/2015 Day 3 Bob-C below instigates alteration (itself altering thereby) to the Lateral Sesamoid of Mc Ss 1.

(1) Body of Mandible - eye's orbitalis muscle
(2) Patella - external intercostal
(3) MC SS 2 > DAY 3 BOB-C 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 ^	Lateral sesamoid of Mt Ss 1s ^^ as well as Precentral gyri ^^;	Sup. lac. can. & Inf. sag. si. & 6 Exit correspondents* & Lower central incisors ^ & Lateral sesamoid of Mt Ss 1s ^^ & Precentral gyri ^^,	Lower central incisors^ **And intake into** Lateral 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 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 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: Keep constant alignment of L5, McSs2, McSs1, MtSs1 (using YUOIEA, Mt3) and Day 3's Spinal Nerve.

^ / 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 **^**

^ and ^^ These are ^ the pressurizable, riftable "Inroad Channel" and ^^ the "Resulting Structure" of Part 2

***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 - 12:36a | Eye part 3 |	Gonads	Duodenum	part 3	part 3	part 3	Nipples
12:36a - 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 XI	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 CENTER is BODY OF MANDIBLE with breath through Nasolacrimal Duct (N.D.) & Superior Lacrimal Canaliculus to activate the Inferior Sagittal Sinus thereby arranging the 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 CENTER is RAMUS OF MANDIBLE 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 CENTER is MC SS 1 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 Centers to approach optimal function, there can be no misalignment of their 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 frontonasal duct to activate frontal sinus 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:
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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
12:36am-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 XII	Nerve S2	Part 6	Part 6	Part 6	vagina

5/23/2015 DAY 1 BOB-C above (BODY OF MANDIBLE) was originated, and is altered, by the Medial Sesamoid of Mc Ss 1 (by way of balanced full McSs1) through aegis of Middle Frontal Gyrus.

Associated bones/muscles are (1) Ramus 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 Palatine
Day 3 Tonsil is Pharyngeal

5/24/2015 Day 2 Bob-C below was orginated, and is altered, by 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-C > (1) RAMUS OF MANDIBLE - eye's sphincter muscle
Associated bones/muscles are (2) Calcaneus - superficial transverse perineal
(3) Mc Ss 1 genioglossus, vertical fibers
(4) Mc DP3 extensor carpi ulnaris
(5) T12 hyoglossus
(6) Mt DP3 sartorius

5/25/2015 Day 3 Bob-C below instigates alteration (itself altering thereby) to the Lateral Sesamoid of Mc Ss 1.

(1) Ramus of Mandible - eye's orbitalis muscle
(2) Calcaneus - ischiocavernosus
(3) MC SS 1 > DAY 3 BOB-C genioglossus, oblique 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 ^ + Middle frontal gyri ^	Body of mandible^^;	Sup. lac. can. & Inf. sag. si. & 6 Exit correspondents* & Medial sesamoid of Mc Ss 1s ^ + Middle frontal gyri ^ & Body of mandible ^^,	Medial sesamoid of Mc Ss 1s^ + Middle frontal gyri ^ **And intake into** Body of mandible ^^	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^^;	Inf. lac. can. & Cavernous sinuses 6 & 6 Exit correspondents* & Mc Ss 2s ^ + Lateral sesamoid of Mc Ss 1s & Rami of mandible ^^,	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 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: Keep constant alignment of L5, McSs2, McSs1, MtSs1 (using YUOIEA, Mt3) and Day 3's Spinal Nerve.

^/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, vertical fibers - from front underpart of tongue to central upper posterior mandible | humerus

extensor carpi ulnaris - from outside (edge) base of Mc 5 to outside (edge) part of lateral epicondyle of **^**

hyoglossus - from lower side of tongue to length of hyoid's greater horn & lateral body of hyoid

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, oblique fibers - from central mid-posterior mandible to mid-to-back under portion 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

^ and ^^ These are ^ the pressurizable, riftable "Inroad Channel" and ^^ the "Resulting Structure" of Part 2

***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 - 12:36a | Eye part 3 |	Gonads	Duodenum	part 3	part 3	part 3	Nipples
12:36a - 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 XII	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 CENTER is RAMUS OF MANDIBLE with breath through Nasolacrimal Duct (N.D.) & Superior Lacrimal Canaliculus to activate the Inferior Sagittal Sinus thereby arranging the 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 CENTER is RAMUS OF MANDIBLE 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 CENTER is MT SS 1 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 Centers to approach optimal function, there can be no misalignment of their 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 Ss1 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 frontonasal duct to activate frontal sinus 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-12:36am >	Part 3 <hormone>	Gonads	Duodenum	Part 3	Part 3	Part 3	nipples
12:36am-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-C above (RAMUS OF MANDIBLE) was originated, and is altered, by 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-C below was orginated, and is altered, by 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-C > (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 Palatine
Day 3 Tonsil is Pharyngeal

5/28/2015 Day 3 Bob-C below instigates alteration (itself altering thereby) to the 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-C
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 ^ + Superior frontal gyri ^	Rami of mandible^^; & Rami of mandible ^^,	Sup. lac. can. & Inferior sagital sinuses & 6 Exit correspondents* & Mc Ss 2s ^ + Superior frontal gyri ^	Mc Ss 2s ^ + Superior frontal gyri ^ **And intake into** Rami of mandible ^^	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: Keep constant alignment of L5, McSs2, McSs1, MtSs1 (using YUOIEA, Mt3) and Day 3's Spinal Nerve.

^ / 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 **^**

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 C7-1 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

^ and ^^ These are ^ the pressurizable, riftable "Inroad Channel" and ^^ the "Resulting Structure" of Part 2

***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 - 12:36a | Eye part 3 |	Gonads	Duodenum	part 3	part 3	part 3	Nipples
12:36a - 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

Tables of
Day 1, Day 2, Day 3
Flexing-Body
Bob Centers

INTRODUCTORY TEXT, then TABLES

Text for Tables 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 pages 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 pages) 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, 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 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, sequentially serve as the bob centers for the outputting/ flexing body (these bones serving 2 by 2 when they are functioning as part of sets 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 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 page, in the 120-page set of tables preceeding the present set, that is, in Part 4.

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 pages 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. Except for the ethmoid and sphenoid bones of Row 1, all the other 8 sets of s-orbital bones will proceed 2 by 2 with each 2 serving two consecutive p-, d-, f- or x-orbital Periodic Table structures except when in service to itself or its end-of-row "tooth" in its 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 palatine 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 frontal bone	3:16pm nasal bone	4:04pm parietal bone
9:00am sphenoid bone	9:48am palatine bone	10:36am inferior nasal concha	11:24am highest nasal concha	12:12pm superior nasal concha	1:00pm superior nasal concha	1:48pm frontal bone	2:36pm frontal bone	3:24pm nasal bone	4:12pm occipital bone
9:08am vomer bone	9:56am vomer bone	10:44am middle nasal concha	11:32am superior nasal concha	12:20pm highest nasal concha	1:08pm highest nasal concha	1:56pm highest nasal concha	2:44pm nasal bone	3:32pm frontal bone	4:20pm parietal bone
9:16am palatine bone	10:04am palatine bone	10:52am middle nasal concha	11:40am superior nasal concha	12:28pm highest nasal concha	1:16pm highest nasal concha	2:04pm highest nasal concha	2:52pm nasal bone	3:40pm frontal bone	4:28pm parietal bone
9:24am vomer bone	10:12am inferior nasal concha	11:00am inferior nasal concha	11:48am highest nasal concha	12:36pm superior nasal concha	1:24pm superior nasal concha	2:12pm nasal bone	3:00pm frontal bone	3:48pm nasal bone	4:36pm occipital bone
9:32am vomer bone	10:20am middle nasal concha	11:08am middle nasal concha	11:56am highest nasal concha	12:44pm superior nasal concha	1:32pm highest nasal concha	2:20pm nasal 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 occipital bone	6:28pm parietal bone	7:16pm occipital bone	8:04pm parietal bone	8:52pm zygomatic bone	9:40pm temporal bone	10:28pm zygomatic bone	11:16pm temporal bone	12:04am zygomatic bone
5:00pm parietal bone	5:48pm occipital bone	6:36pm parietal bone	7:24pm occipital bone	8:12pm occipital bone	9:00pm zygomatic bone	9:48pm temporal bone	10:36pm zygomatic bone	11:24pm temporal bone	12:12am zygomatic bone
5:08pm occipital bone	5:56pm parietal bone	6:44pm occipital bone	7:32pm parietal bone	8:20pm temporal bone	9:08pm temporal bone	9:56pm zygomatic bone	10:44pm temporal bone	11:32pm zygomatic bone	12:20am temporal bone
5:16pm occipital bone	6:04pm parietal bone	6:52pm occipital bone	7:40pm parietal bone	8:28pm zygomatic bone	9:16pm temporal bone	10:04pm zygomatic bone	10:52pm temporal bone	11:40pm zygomatic bone	12:28am zygomatic bone
5:24pm parietal bone	6:12pm occipital bone	7:00pm parietal bone	7:48pm occipital bone	8:36pm temporal bone	9:24pm zygomatic bone	10:12pm temporal bone	11:00pm zygomatic bone	11:48pm temporal bone	12:36am lacrimal bone
5:32pm parietal bone	6:20pm occipital bone	7:08pm parietal bone	7:56pm occipital bone	8:44pm temporal bone	9:32pm zygomatic bone	10:20pm temporal bone	11:08pm zygomatic bone	11:56pm temporal 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 maxilla bone	2:28am lacrimal bone	3:16am maxilla bone	4:04am lacrimal bone	4:52am maxilla bone	5:40am lacrimal bone	6:28am lacrimal bone	7:16am body of mandible	8:04am body of mandible
1:00am lacrimal bone	1:48am maxilla bone	2:36am lacrimal bone	3:24am maxilla bone	4:12am lacrimal bone	5:00am maxilla bone	5:48am lacrimal bone	6:36am lacrimal bone	7:24am ramus of mandible	8:12am body of mandible
1:08am maxilla bone	1:56am lacrimal bone	2:44am maxilla bone	3:32am lacrimal bone	4:20am maxilla bone	5:08am lacrimal bone	5:56am maxilla bone	6:44am maxilla bone	7:32am body of mandible	8:20am ramus of mandible
1:16am maxilla bone	2:04am lacrimal bone	2:52am maxilla bone	3:40am lacrimal bone	4:28am maxilla bone	5:16am lacrimal bone	6:04am maxilla bone	6:52am maxilla bone	7:40am body of mandible	8:28am ramus of mandible
1:24am lacrimal bone	2:12am maxilla bone	3:00am lacrimal bone	3:48am maxilla bone	4:36am lacrimal bone	5:24am maxilla bone	6:12am lacrimal bone	7:00am lacrimal bone	7:48am ramus of mandible	8:36am body of mandible
1:32am lacrimal bone	2:20am maxilla bone	3:08am lacrimal bone	3:56am maxilla bone	4:44am lacrimal bone	5:32am maxilla bone	6:20am lacrimal bone	7:08am maxilla bone	7:56am ramus of mandible	8:44am body 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	9:40am	10:28am	11:16am	12:04pm	12:52pm	1:40pm	2:28pm	3:16pm	4:04pm
ethmoid bone	manu-brium	scapula	superior nasal concha	S4	triquetrum	nasal bone	Cx 3	malleus	parietal bone
9:00am	9:48am	10:36am	11:24am	12:12pm	1:00pm	1:48pm	2:36pm	3:24pm	4:12pm
sphenoid bone	clavicle	humerus	highest nasal concha	S5	pisiform	frontal bone	Cx 4	incus	occipital bone
9:08am	9:56am	10:44am	11:32am	12:20pm	1:08pm	1:56pm	2:44pm	3:32pm	4:20pm
vomer bone	maxilla alveolar process	radius	C1	S3	hook of hamate	S1	L1	upper hip	Mc 5
9:16am	10:04am	10:52am	11:40am	12:28pm	1:16pm	2:04pm	2:52pm	3:40pm	4:28pm
palatine bone	mandible alveolar process	ulna	C2	C5	lunate	C7	L2	pelvic hip	Mc 2
9:24am	10:12am	11:00am	11:48am	12:36pm	1:24pm	2:12pm	3:00pm	3:48pm	4:36pm
xiphoid process	inferior nasal concha	upper wisdom tooth	C3	S2	upper 2nd molar	Cx 1	L3	upper 1st molar	Mc PP5
9:32am	10:20am	11:08am	11:56am	12:44pm	1:32pm	2:20pm	3:08pm	3:56pm	4:44pm
sternum	middle nasal concha	lower wisdom tooth	C4	C6	lower 2nd molar	Cx 2	L4	lower 1st molar	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	mastoid cells
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	tympanic 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	ethmoid cells
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	sphenoid sinus
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	maxillary 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	frontal sinus

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 palatine b.	: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 S4
scapula	9:00 Day 1 &	9:48 Day 1:	10:36 Day 1: inf.	11:24 Day 1 &	12:12 Day 1: sup.
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 S5
triquetrum	9:08 Day 1 &	9:56 Day 1:	10:44 Day 1: mid.	11:32 Day 1: sup.	12:20 Day 1: high.
pisiform	:10 Day 3:	:58 vomer bone	:46 nasal concha	:34 nasal concha	:22 nasal concha
hook	:12 vomer	10:00 Day2-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: sup.	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 Day2-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: high.	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: sup.
patella	:34 vomer bone	: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 frontal 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: sup.	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 nasal 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: high.	1:56 Day 1: high.	2:44 Day 1:	3:32 Day 1:	4:20 Day 1:
pisiform	:10 nasal concha	:58 nasal concha	:46 nasal bone	:34 frontal 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: high.	2:52 Day 1:	3:40 Day 1:	4:28 Day 1:
incus	:18 nasal concha	:06 nasal concha	:54 nasal bone	:42 frontal bone	:30 parietal bone
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 frontal bone	:50 nasal bone	:38 occipital b.
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 nasal 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 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.	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 occipital b.	:30 parietal bone	:18 occipital b.	: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 parietal bone	:50 occipital b.	:38 parietal bone	: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 occipital b.	:58 parietal bone	:46 occipital b.	: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 parietal bone	:54 occipital b.	:42 parietal bone	: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 occipital b.	:02 parietal bone	:50 occipital b.	: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 parietal bone	:22 occipital b.	:10 parietal bone	:58 occipital b.	:46 temporal 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 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	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 zygomatic b.	:42 temporal b.	:30 zygomatic b.	:18 temporal b.	:06 zygomatic 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 temporal b.	:38 zygomatic b.	:26 temporal 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 zygomatic b.	:46 temporal b.	:34 zygomatic 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 temporal b.	:06 zygomatic b.	:54 temporal 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 zygomatic b.	:14 temporal b.	:02 zygomatic 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 temporal b.	:10 zygomatic b.	:58 temporal 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 maxilla bone	:30 lacrimal bone	:18 maxilla 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 lacrimal bone	:50 maxilla bone	:38 lacrimal bone	:26 maxilla bone	:14 lacrimal 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 maxilla bone	:58 lacrimal bone	:46 maxilla bone	:34 lacrimal bone	:22 maxilla 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 lacrimal bone	:54 maxilla bone	:42 lacrimal 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 maxilla bone	:02 lacrimal bone	:50 maxilla 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 lacrimal bone	:22 maxilla bone	:10 lacrimal bone	:58 maxilla bone	:46 lacrimal 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 maxilla 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: mas-
clavicle	:58 RLS 4	:46 LLS 7+8	:34 canine	:22 mandible	:10 toid cells
scapula	5:00 Day 1:	5:48 Day 1:	6:36 Day 1:	7:24 Day 1 &	8:12 Day 1: body
humerus	:02 maxilla bone	:50 lacrimal bone	:38 lacrimal bone	:26 Day 3:	:14 of mandible
radius	:04 Day 3:	:52 Day 3:	:40 Day 3: lower	:28 ramus of	:16 Day 3: tym-
ulna	:06 LLS 5	:54 RLS 8	:42 canine	:30 mandible	:18 panic cells
triquetrum	5:08 Day 1:	5:56 Day 1:	6:44 Day 1:	7:32 Day 1: body	8:20 Day 1:ramus
pisiform	:10 lacrimal bone	:58 maxilla bone	:46 maxilla 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: eth-
lunate	:14 RLS 5	:02 LLS 9	:50 lateral incisor	:38 L5	:26 moid cells
malleus	5:16 Day 1:	6:04 Day 1:	6:52 Day 1:	7:40 Day 1: body	8:28 Day 1: ramus
incus	:18 lacrimal 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: sphe-
pelvic hip	:22 LLS 6	:10 RLS 9	:58 lateral incisor	:46 Mc Ss 2	:34 noid sinus
stapes	5:24 Day 1:	6:12 Day 1:	7:00 Day 1:	7:48 Day 1: ramus	8:36 Day 1: body
hyoid	:26 maxilla 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: max-
tibia	:30 RLS 6	:18 LLS 10	:06 central incisor	:54 Mc Ss 1	:42 illary sinus
fibula	5:32 Day 1:	6:20 Day 1:	7:08 Day 1:	7:56 Day 1: ramus	8:44 Day 1: body
patella	:34 maxilla bone	:22 lacrimal 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 frontal sinus

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 overcoming 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 other 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, How To Sing. 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 of any body serving as a Pendulum Bob hooked in at the body's Crista Galli or it became 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 changing fulcrum giving accordance of the entire Bob to the gravitational flow with this loss allowing gravity to flow on leaving pendulums answering 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 all their body parts to this unchanging 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* were 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 undermining 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.

The paragraph below appeared originally in the above 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.
See Page 109, Number 4
for relevance.

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 171-174. 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)****, 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 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 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 make sense to some and 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:

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}

Picture with text to be added

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) Ion-Channel Development (See also talicized section at end of this Manuscript)

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 Principles of Neural Science, 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.
See Page 109, Number 2
for relevance.

Notes of Eva Cary Nason
through the Years
e.g. a First Note
(Page 444)

February 14, 2013 THE ALPHABET OF LANGUAGE IS ORGANIC, ARISING FROM DEVELOPMENT OF THE LAYERS OF THE BODY AT THE PARTICULAR PLACE ON EARTH AT WHICH THE LAYERS ARE DEVELOPING IN THEIR PARTICULAR EARTH-PLACE-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.)

Remaining Notes
(Page 446)

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). (See Picture 1 next page.)

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 (see Picture 2 next page).

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 represnted 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 (Massless gauge bosons gobbling up scalar
b c d f g h j k l m n p q r s t v w x z 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.

PICTURE 1 (to be added)

PICTURE 2 (to be added)

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 not 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 for 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 Stephen Hawkings I believe), 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 and their alternatives or helpers, i.e. certain bones of the skull and the teeth, C those represented primarily by 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 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 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 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 was 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 was 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 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 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 beginning Note 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 is doing likewise. And the conglomerate of living creatures 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, with possibly some 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 progressively selective 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 came 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.

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 devise) 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 the introductory remarks to those receiving 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 to those receiving this book 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 even-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 into 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 overall aligned body, then they all feel as though they have similar stretch configurations. When I let my body sag such that it feels like the 3 spatial dimensions' sets of bones have misaligned, but not 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 dominant side of my body, but not on the non-dominant side. (I have speculated this is the situation of my thoracic spine not having been disassociated from [thrown into non-congruence to] the cervical/lumber spine such that ligand-gated ion channel chemical messaging is not being prevented.)

On the other hand, when I let my body sag such that I have let L5 collapse/sink inward, disrupting what I speculate to be my time dimension / 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. Hopefully, others will be able to explain what is happening to create this different sensation since this is the part of what I said in the June 25, 2013 would be figuring out how we do it wrong requiring me to engage in the misaligned functioning I'd rather not do. (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 ligand-gated ion channel chemical messaging so that voltage-gated ion channel electrical messaging becomes necessary.)

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 a bit more than 69 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 it first series of journeys some 69 years earlier, then the body has become so unbalanced to the head through those 69 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.

BLANK PAGE
Possibly for anatomical drawings
depicting bodily structures
having to do with the
Spinal Nerves and with
Dermatomes (these would be associated
with the Interceded Spinal Nerves
as found on Page 75 and are referenced
in their usage on Page 456).

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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