

The Neuro-Auricular Technique (NAT) by David Stewart

The so called "Neuro-Auricular Technique" (NAT) was originated by D. Gary Young. Contrary to the implications of its name, it has nothing to do with the ears, as the word "auricular" would suggest. It does employ an "auricular" probe, a little glass rod with a tapered, blunted tip, about the size and shape of a ball-point pen, whose original purpose was to place oils precisely on the reflex points of the ear.

Gary has done several variations of Neuro-Auricular Technique. Their common denominators include use of an auricular probe to apply oils along the occipital ridge (base of the skull) and cervical vertebrae of the spine (back of neck).

The version presented here is the one Gary originally used for **Parkinson's Disease** and is the one that has been done regularly in the Nova Vita Clinic in Guayaquil, Ecuador. It can be done with an auricular probe or a glass medicine dropper. Young Living does not sell the glass probes since they are considered to be medical devices. Glass medicine droppers can be purchased at any drug store and work just as well. They use medicine droppers, rather than the probes, at the Nova Vita Clinic and it was an eye dropper that Gary used at the YLEO Seminar in Guayaquil, Ecuador, February 23-29, 2008, when he demonstrated NAT to a group of Young Living Distributors. However, the version Gary demonstrated and taught at the Guayaquil Seminar is not the version presented here. (See additional comments near the end of this article.)

Outline of the Technique

Using the six oils in the sequence given below, the following seven-step procedure is done with each one. When the term, "probe" is used, it refers either to a glass medicine dropper or an auricular probe:

Oil Sequence: 1. Frankincense, 2. Valerian, 3. Vetiver, 4. Roman Chamomile, 5. Cedarwood, 6. Sandalwood

The client needs to be lying face down, preferably with a head cradle on a massage table. You as the facilitator will be sitting in a chair at the head. This technique can also be done with a client sitting backwards on a chair leaning forward on the back of the chair while the facilitator sits behind them or stands in front.

- * 1. Apply oil (Starting with Frankincense) liberally across the occipital ridge (base of the skull) by dripping it from the bottle and rubbing it with your finger across entire occiput, making sure to include the oils at the center point, which is called the "locus ceruleus" or "medulla".
- * 2. Place tip of probe on the locus ceruleus. While keeping the tip of the probe on the same spot, make clockwise circles a few times with gentle pressure. Ask the receiver if the pressure is comfortable or not. If not, then lighten up.
- * 3. Place tip of probe on right occipital bone and move probe side to side (parallel with ridge) working slowly toward the locus ceruleus. Then repeat starting on left occipital bone working, again, toward the center of the base of the skull, ending both times at the locus ceruleus with circular motions.
- * 4. Apply same oil liberally on spine from about T3 or T4 (upper thoracic, exact starting point not important as long as it is in the upper thoracic) up the cervical vertebra to the atlas (top vertebra of spine next to skull) and locus ceruleus. Drip the oil from the bottle and smooth with your fingers to distribute the oil.
- * 5. Starting with the lowest vertebra you have chosen in the upper thoracic place probe centered between a pair of vertebrae. Keeping the tip of the probe on the same spot, wave the probe up and down

parallel with the spine a few times. Then move up the spine to the next vertebra probing the same way, then up to the next, and the next, until you get to the locus ceruleus (medulla) where you make a few clockwise circles. Make sure your pressure is comfortable to the receiver.

* 6. Then return to your upper thoracic starting point and place the tip of the probe on one side of the starting vertebra and rock the probe back and forth perpendicular to the spine a few times and then repeat on the other side of the same vertebra. The probe should be placed adjacent to the vertebral bone itself, not at the gap where the nerve root exits from the spine. It does not matter which side you start on first. Then after doing both sides at one location, move up to the next vertebra and do the same. Repeat this process on each vertebra through all of the cervical vertebrae until you get to the locus ceruleus where you do a few clockwise circles.

* 7. Hooking tips of the fingers along the occipital ridge, pull headward gently several times. If the client is sitting backwards on a chair, you will have to stand behind the chair, at the head, and pull upwards.

Upon completion of Step 7 above, go back to Step One with the next oil and repeat everything. Continue repeating the 7 steps above with each oil until all six oils have been applied, ending with Sandalwood. (Valerian comes after Frankincense, etc.) When you get to Vetiver (the third oil) it is too thick to readily drop from the bottle. Remove the dropper cap and administer by pouring from the bottle. There is no specific number of drops or amount of oil to be applied in this technique. None of these are hot oils. Just be sure there is enough to cover the portions of the spine involved and the base of the skull, including the locus ceruleus.

When you have completed the above seven-step procedure with each of the six oils in the order given, from Frankincense to Sandalwood, you are through. That is all there is to NAT.

Theory and Purpose of NAT

The purpose of the Neuro-Auricular Technique (NAT) is to jump-start and reconnect all of the synapses of the brain and upper spine, particularly in the locus ceruleus and vagal ganglia. The technique is applied along the occipital ridge, particularly focusing on the medullar area (center depression at base of skull) and along each vertebra of the cervical spine (the 7 vertebrae between the skull and shoulders that comprise the neck).

There are 12 pairs of cranial nerves. These are nerves that emanate directly from the brain and not from the spinal cord. The first 8 pairs go to the eyes and tear ducts, ears, nose, tongue, facial and chewing muscles, lips, mouth, teeth, and salivary glands. There are 4 pairs that extend from the brain to the throat, larynx, lungs, heart, liver, stomach, large intestine, small intestine, and shoulders that extend down and out between the top four cervical vertebrae which comprises the vagal complex. The fact that there is a pair of cranial nerves directly from the brain to the muscles of the shoulders explains why tense shoulders can lead to headaches while stress in the brain (worry, anxiety, fear, etc.) can cause tense shoulders.

Notice the chemistry of the oils Gary has chosen for NAT. Frankincense is mostly monoterpenes (for balancing and reprogramming). Valerian, Vetiver, Cedarwood, and Sandalwood are all mostly sesquiterpenes (for oxygenation of the brain and ganglia and for deleting misinformation at the level of cellular DNA). Roman Chamomile is mostly esters (for emotional releasing).

The locus ceruleus is a mass of more than 1000 nerves at the base of the brain, highly pigmented as a bluish bundle of nerves. Hence, its name: "Locus" means "location." "Ceruleus" means "sky blue." The locus ceruleus is the central switching station of the body. Every nerve impulse controlling our voluntary muscles as well as our organs passes through this master control station. A principal purpose of NAT is to make sure this vital nerve junction is fully functioning along with the rest of the brain.

The locus ceruleus or medulla is the only part of the brain that cannot be operated on surgically. It is the portal through which our vital life energy flows into the body maintaining physical life. If this energy flow is interrupted even for a split second by a surgeon's knife, or by anything else, our spirits are immediately disconnected from the body and jump into the next world, which is spiritual, not physical. In other words, physical death is instant.

The vagus nerve originates from four areas of the brain and exits through the vagal ganglion at the center of the base of the skull in the vicinity of the locus ceruleus (medulla). The vagus nerve has thirteen branches that go to all the vital organs of the body including the esophagus, larynx, lungs, heart, stomach, liver, large and small intestines, spleen, and kidneys. It is through the vagus nerve that the vital functions can still be maintained in a person even though they be quadriplegic, paralyzed from the neck down.

The vagus nerve is the largest of the twelve cranial nerves. Its name, "vagus," means "wanderer" because it wanders throughout the organs of the throat, chest, and abdomen as a direct wire to the brain in addition to the spinal nerves that also serve these body parts.

The vagus nerve is principally involved with parasympathetic activity, which is largely involuntary and often emotional. It regulates heartbeat, is involved with the release of tears in crying, controls digestion and peristalsis of the esophagus and intestines, production of many hormones, including insulin, control of sphincter muscles, ovarian and uterine function, prostate function, and sexual responsiveness. It is the parasympathetic system that functions during healing and is mainly involved with protection, conservation, and restoration of body resources and functions.

The purpose of NAT is to fully awaken and restore full capacity to the locus ceruleus and vagal ganglion at the base of the brain and to connect all of the synapses of the brain and upper spinal cord, thus creating an environment that facilitates optimal health, healing, and bodily function.

NAT can also be used for emotional release by using oils such as Rutavala and others, as Gary did in Ecuador at the February 2008 Seminar. In this instance, Gary focused mainly on probing the locus ceruleus and vagal ganglionic areas and also on the cervical vertebrae. However, depending on information received by the facilitator (Gary) from these probings, Gary would move to other areas of the spine with different oils, including the sacrum and lower lumbar regions, according to where he felt led by the clients issues. The parasympathetic nerves of the body include, not only those originating in the brain such as the vagus nerve, but also the ganglionic centers of the sacrum.

According to Gary, the version of NAT given in these notes has been effective in correcting Parkinson's disease. In this application, Gary has also added Melissa Oil after Sandalwood as a seventh oil to apply with the probe in the same prescribed protocol.

The version presented here with the six oils is the protocol done routinely in the Nova Vita Clinic in Guayaquil, Ecuador. As a client there in February, 2008, I received NAT every other day while there. I also observed it several times when it was performed on others and took notes, which is the basis from which this article is derived.

The reason this technique could work for Parkinson's disease is because Parkinson's is due to failure of the locus ceruleus to properly process neural messages and of the vagal ganglion to properly transmit its electrical signals. Since NAT is designed to restore normal vagus nerve function as well as that of the locus ceruleus, the symptoms of Parkinson's could reasonably be expected to be reduced or disappear altogether when these two neural organs regain their healthy normal function.

At this time, medical authorities refer to Parkinson's as "idiopathic," which is the medical term for "cause unknown." Doctors understand why compromise of the vagal ganglion and locus ceruleus regions would result in the classic symptoms of Parkinson's: viz. uncontrollable tremors, stiffness of limbs, spinal rigidity,

emotional instability, drooling, and the stooped postures of a typical Parkinson's victim, but don't know the root causes of why these nerve centers, themselves, stop functioning properly.

As for proximal causes, Parkinson's disease can follow bouts of acute encephalitis, carbon monoxide exposure, or metallic poisoning, as well as a consequence of some prescriptions, especially Reserpine and phenothiazine drugs. However, while knowing a proximal cause can lead to measures of prevention, such knowledge becomes less important if you know a cure. In fact, knowing a cure can reveal, not only a proximal cause, but a deeper root of the problem.

In addition to possible benefits for Parkinson's sufferers, the nature of NAT also suggests that there may be benefits for any condition or malady due to malfunctions in the nerve centers of the locus ceruleus and vagal ganglion. Many neurological disorders originating from these centers could potentially benefit from NAT.

NAT is currently under development by Gary Young, its creator. He may ultimately refine and modify it considerably from what we have presented here. Gary taught NAT to a group of 340 Young Living distributors in Guayaquil, Ecuador, the last week of February 2008. I was there and assisted him in the training. What he did there was significantly different, using different oils and with a different purpose, mainly for emotional release. The only similarity in what is presented here and what he did there was in the use of the auricular probe or medicine dropper along the occipital ridge and upper spine. However, in that version he used completely different oils and probed other areas of the spine from the sacrum up by which he was able to effect some emotional releasing.

The protocol given here is what they have been doing in Gary's clinic in Ecuador (Nova Vita) since its founding in 2007 and apparently is Gary's original version. I personally received this technique, as given in these notes, more than a dozen times administered by clinic staff. It was from them that I learned it. It was Gary Young that told us that this version is the one, in his experience, that had been effective with Parkinson's disease.

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