

🌀 Pre-Assessment: Step-by-Step Flow

Before diagnosis or treatment, always **stabilize the reflex system**.

You must test and clear the **four main obstacles**:

1. Oscillation
 2. Inversion
 3. Dominance
 4. Laterality
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✅ Step 1 – Check for Oscillation

- Test **Yintang** and **Master Point of Oscillation (MgO)** with the **3V hammer**.
 - If they react → reflexes are **unstable**.
 - Use the **cable method** (MgO ↔ scan the ear) to locate and treat disturbance fields.
 - The cable may be connected to **MgO** or to **Kidney 3**.
 - If no field is found → stabilize MgO directly or give **Selfheal essence**.
 - Recheck until both points show **no reaction**.
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✅ Step 2 – Check for Inversion

- Patient holds a **+9V rod in the right hand**.
 - If **VAS appears at Yintang** → inversion on the **right side**.
 - Patient holds a **+9V rod in the left hand**.
 - If **VAS appears at Yintang** → inversion on the **left side**.
 - Treat with the **cable method** (PC6 ↔ scan the ear, often the **stellate ganglion point**).
 - Recheck until **no inversion** remains.
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✅ Step 3 – Determine Dominant Side

- Patient holds a **battery with + in right hand and – in left hand**.

- If **no VAS** appears → the **right side** is dominant.
 - If **VAS** appears → the **left side** is dominant.
 - Confirm with **laser test**:
 - **Bahr 3** → activates Zero point on the **dominant side**.
 - **Bahr 4** → activates Zero point on the **non-dominant side**.
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✓ Step 4 – Check for Laterality

- Test the **Laterality Point** (≈ 3 cm in front of the tragus) with the **gold (+) side of the 3V hammer**.
 - Normally, it is active only on the **dominant side**.
 - If active on the **wrong side** → treat with a **gold needle** or with **Selfheal frequency via laser** on the “upside.”
 - This will restore Laterality to the **correct dominant side**.
 - Recheck until Laterality is **corrected**.
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🌀 End Point

When all four steps are cleared:

- Oscillation is stable
- No inversion
- Dominant side is confirmed
- Laterality is corrected

👉 The reflex system is now **stable**. You can trust the VAS responses and begin **deeper diagnosis or therapy**.